

Enhanced Recovery Programme For Hysterectomy

Information for Patients



Specialist support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you.

Hysterectomy

Hysterectomy is the removal of the womb (uterus) and usually of the neck of the womb (cervix) as well. The enhanced recovery programme aims to improve your experience of surgery, support your recovery and reduce the risks of surgery and your length of stay in hospital.

After a hysterectomy you will not be able to become pregnant because some of your childbearing organs will have been removed.

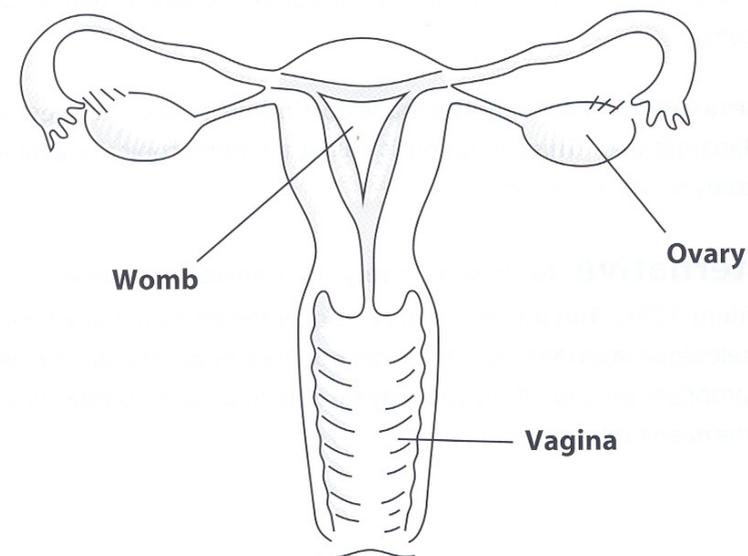
There are three kinds of hysterectomy:

- Vaginal hysterectomy (VH) - the womb is removed through the vagina. You would normally expect to stay in hospital for one night following surgery
- Laparoscopically - assisted hysterectomy (LAVH), when the womb is removed through the vagina with assistance of a laparoscope through a small cut underneath the belly button. This is often referred to as "keyhole surgery". You would normally expect to go home the day following surgery.
- Abdominal hysterectomy (TAH) - the womb is removed through a cut in the abdomen. The cut can either be across the abdomen along the "bikini line" (transverse incision) or up and down (midline incision). You would normally expect to go home after three nights in hospital,

Recovering from major surgery can be variable because it depends on the type of surgery performed and how fit you beforehand. Therefore, your expected length of stay in hospital is a guide and allows you to plan for your discharge home and convalescence well before surgery.

A hysterectomy may be needed because of:

- Heavy or painful periods
- Fibroid tumours (myomas) benign (non-cancerous) growths can cause a range of problems, including heavy bleeding, pain,
- A prolapse when the womb, weakened by childbirth, falls down into the vagina
- Patches of tissue of the womb lining growing outside the womb and causing pain (Endometriosis)
- Inflammation and infection of the pelvic organs if this cannot be treated successfully by antibiotics
- Cancer of the womb lining (endometrium), the neck of the womb or the ovaries. Only a small number of cases come into this category and your consultant will discuss this with you



Oophorectomy

Oophorectomy is the removal of the ovaries, and when required is usually carried out at the same time as hysterectomy.

An Oophorectomy may be needed because of:

- Diseased ovaries
- Ovaries that no longer function normally
- Possible problems later in life if the operation is not done

It may not become obvious until the operation that the ovaries should be removed. So, before the operation, it is important for you to be clear in your mind what is being left for the doctor to decide. If your ovaries are to be removed the doctor will discuss with you whether or not you will need to take Hormone Replacement Therapy (HRT).

Risks of surgery

All major operations carry risks. The risks associated with hysterectomy are:

- Bleeding during or after the operation
- Infection in the wound, bladder or chest
- Damage to bladder, ureters (tubes which carry urine to the bladder) or bowel
- Blood clots in legs or lungs

Problems can also occur as a result of anaesthesia, particularly in patients with heart and lung conditions. However, complications rarely happen with the operations described here and if they do are usually of a minor nature and easy to treat.

What to do to reduce these risks in advance of your planned operation:

- Healthy diet, exercise and lose weight if necessary

- Stop smoking. If you need support while in hospital we can help you
- Shower or bath on the day of the operation
- Take daily showers or bath after the operation and especially while you are in hospital
- Regular hand washing
- Ask your visitors to use hand gel before and after visiting, to reduce the risk of infection on the ward

Before your operation

You will have a pre operative assessment prior to surgery with a pre-assessment nurse and possibly a doctor. The aim of this is to ensure you are as fit as possible for surgery, and to plan your inpatient care and discharge home. A full history and examination will be performed, including documenting any medical problems, previous operations, allergies and medications that you use regularly. You will be given advice about fasting and what medications to take on the day of surgery. You will also have an opportunity to ask any questions about things that remain unclear or confusing. Some patients will need to be seen by an Anaesthetist before admission in the pre-operative anaesthetic assessment clinic.

A number of investigations may also be required such as:

- Blood tests for
 - Anaemia and bleeding problems
 - Kidney and liver function
 - Diabetes
 - Blood group (in case you need a blood transfusion)
- ECG (electrical trace of the heart)
- Echo (ultrasound of heart)
- Radiological scans such as an MRI, Chest XRay or CT scan
- Measurements for support stockings as a precaution against deep-vein thrombosis

- Basic observations including recordings of pulse, blood pressure, weight and height

You will be admitted to hospital on the day of your operation. It is not necessary for you to shave. Bring underwear which is slightly larger than you would normally wear, as your abdomen will be tender and slightly swollen after the operation. Light vaginal bleeding is normal following your surgery. Please bring a supply of suitable sanitary towels.

If your operation is planned for the morning, you may eat until midnight the previous day and drink water or black tea or coffee until 6am the same day. If the operation is planned for the afternoon, you may have a light breakfast of a hot drink and toast before 7am and you may drink water or black tea or coffee until 11am. Please remember not to chew gum or suck sweets, because these encourage excess acid production in your stomach which can be harmful to you when you are having an anaesthetic.

Your Anaesthetist will see you when you are admitted. They will review you and look carefully at your pre-assessment clerking, including the results of all your investigations. They will also discuss your anaesthetic (see the information leaflet "Information about your anaesthetic") and explain how your pain will be controlled after the operation. You may be given a pre-med to take before surgery, although this is more likely to be painkillers or anti-sickness tablets than medication to make you drowsy.

Pain Relief After Surgery

Portsmouth Hospitals NHS trust employs an Acute Pain Team. One of the acute pain nurses will aim to visit the ward every week day to review patients and can be called

by the ward staff to assess patients and give advice about pain relief.

By controlling your pain, we can help you recover faster. To do that, we need to understand your pain. The ward nurses will ask you how you feel and how strong the pain is on a regular basis. The scale we use in Portsmouth is as follows:

0 = No pain while moving	
1 = Mild pain while moving	
2 = Moderate pain while moving	
3 = Severe pain while moving	

Using this score as a guide we can judge if the pain relief is working and adjust if necessary. Your pain may be treated in a number of ways depending on the type and location of the pain and what works best for you. Some of the options available include:

- Tablets given either regularly or "as required"
- Occasional injections
- Patient Controlled Analgesia (PCA) small doses of pain medicine that you control by pressing a button when you need to. The pain killer (usually morphine) is delivered by a pump in a measured dose into a vein usually in your arm. The timer in the pump will prevent you getting more than you need. You must not worry about how much or little you use!

- Local anaesthetics given near your wound to block the pain
- Epidural / Spinal for more detailed information see our information leaflets '**Having an epidural for pain relief after an operation**' and '**Having a spinal anaesthetic for an operation**'.

On the day of your operation please bath or shower before you attend and remove any makeup, nail polish and jewellery. You will be asked to put on a theatre gown. You will be given anti-thrombosis stockings to wear and the nurse will assist you to put them on. It is advisable to leave all valuables at home. A wedding ring may be worn but will be covered with adhesive tape. If you can walk without difficulty the nurse will escort you to theatre. Otherwise a wheelchair or trolley will be provided.

After your operation

After your operation you will remain in the recovery area within theatres until you are well enough to return to the ward. A drip will have been inserted to give you fluids until you are able to drink.

If the surgery involved a cut, a drainage tube may have been inserted in the wound to remove any excess fluids from under the skin. This will be removed 1-2 days after surgery.

A tube (catheter) placed in the bladder to drain urine will also be removed the day following your operation. After vaginal surgery a gauze pack may have been left in the vagina for 24 hours to absorb fluid this will be removed by the nurse on the ward.

You will be offered and encouraged to accept painkillers and anti sickness injections. These may be given to you

through the drip in your arm, by mouth or suppository. You may have a slight sore throat as a result of the anaesthetic procedure. Sipping small amounts of water can help this.

Day 1

You will be encouraged to wash / shower and be able to change into your own clothes.

You will be able to sit in a chair for breakfast. The quicker you are mobile the better, as this will reduce the risk of complications.

You will start to eat and drink as normal.

Your catheter and drip will be removed on day 1.

Improve the circulation in your legs by circling your ankles, bending and straightening your knees and tensing your thigh muscles.

After abdominal surgery, it is advisable to start exercising your **abdominal muscles** as soon as possible. This will help you to gain confidence in using your muscles again and to help the circulation to your muscles, promoting healing. A basic 'pelvic tilting' exercise is done lying flat on your back, with your knees bent up and your feet flat on the bed. By gently pulling in the abdominal muscles, the small of your back is flattened into the bed. Do this 5- 10 times every hour. The exercise can also be done sitting in a chair with a cushion for support in the lower back.

You will have pressure stockings on for the duration of your hospital stay, to help to prevent blood clots. Some patients will also have mechanical pressure pumps on their lower legs until they are fully mobile.

You will also be given daily injections to thin your blood and some patients will need to continue the injections at home. Along with frequent short walks around the ward this reduces your risk of developing a blood clot post surgery.

After a general anaesthetic, keep your lungs expanded and clear by doing regular deep breaths, in through your nose and out through your mouth, 3-4 times every half hour.

If a strong cough is too painful, try a 'huff' take a deep breath in and breathe out quickly as if you were steaming up a mirror. This will put less strain on the abdominal muscles. A combination of coughing and huffing will clear any secretions you may have in your lungs.

If you have had abdominal surgery, protect your wound with firm pressure using both hands when you do any jerky movements, such as coughing or laughing. If you are lying flat on the bed, you can do this by bending your legs up one at a time, keeping your feet on the bed. Side-lying is a comfortable position as the flexed position of your hips ensures that the wound is not being stretched.

Day 2

A shower or bath will help the wound dressing to soak off. After washing, pat the wound dry with a clean towel. It is not usually necessary to apply a new dressing but a sterile pad can be used to protect it from rubbing on underwear. You will continue to use sanitary towels as slight bleeding is to be expected and can occur for some time after you have left hospital.

It is common to have wind pains in the lower abdomen. This will settle quickly and is helped by frequent walks

around the ward, eating small, regular meals. Medicines to relieve the pain and wind are available from the nurse.

For those having vaginal hysterectomy stitches to the wound are at the top of the vagina and do not need to be removed, they will dissolve slowly as the wound heals.

To get out of bed, roll over onto your side and push yourself up sideways, swinging both legs together out of the bed. Reverse the procedure to get into bed again.

Day 3

If you have had an abdominal cut, arrangements will be made to have the stitches removed later. Some stitches do not need to be removed as they dissolve. The nurse will advise you. You may be asked to return to the ward, or they can be removed by a nurse at your GP's surgery.

Discharge

We will aim to discharge you early morning after your breakfast and you will be transferred to the Discharge Lounge on Level C until your family collect you. If you require a medical certificate please make the staff aware before your day of discharge. Mild pain relief tablets such as Ibuprofen and Paracetamol can be taken during your convalescence, and we recommend you purchase these and have them at home in preparation. If you have allergies to these drugs or need stronger pain relief, these will be prescribed and given to you before you leave the ward.

After leaving hospital, you should be able to wash and dress yourself, make a cup of tea or small meal but should not do anything too strenuous. You will need to rely on others to carry out more strenuous household task such as vacuuming and cooking large family meals.

Some women may feel low in mood after an anaesthetic. These 'blues' are normal and quickly pass without treatment.

You may not have had your bowels open before you leave hospital. Bowel action can be slow after the operation. It is important that you do not become constipated. Depending on your normal bowel routine, it is recommended you take medication if you have not had a bowel movement by the third day after the operation.

On the day you go home you should be able to walk up and down stairs, take a bath or shower, make drinks and prepare small meals. Go for a 10 minute walk outside on the day you go home and extend the distance you walk daily. You should be able to walk for at least an hour a day after one month.

You may continue to need occasional painkillers. It is common to feel tired, so ask others to support you and to take on bigger household chores.

Reasons to be concerned

In the week following your operation, should you experience any of the following symptoms we recommend you contact the Gynaecology ward on 023 9228 6000 and ask for Bleep 1329 and ask to speak to the nurse in charge.

She will give you advice and may ask you to return to the ward to be assessed by a doctor.

- If you have severe pain, which does not respond to your usual pain relief tablets, and you feel it is relating to your surgery
- Feeling feverish or have a high temperature
- Pain or difficulty passing water
- Heavy vaginal bleeding

- Offensive smelling vaginal discharge
- Wound pain, redness, or unusual wound bleeding

If any of the above occurs later than a week following your operation we recommend you contact your GP.

Your recovery

Vaginal bleeding may continue for days or weeks but will become darker in colour and less heavy. Some patients do not bleed at all. Do not use tampons as they can lead to infection in the vagina.

The area around your incision will be numb because the skin nerves have been disturbed. It may take up to six months for skin sensation to return to normal.

Passing urine may feel strange for a few days, especially if you have had a catheter. Drink a normal amount of liquid.

Eat plenty of fresh fruit and vegetables to help your bowels get back to normal.

After 2-3 weeks you will feel well enough to go to the shops but do not carry heavy shopping bags. You can start light housework.

After 4-5 weeks most women feel quite normal. You should be ready to drive, as long as the seat belt is comfortable around the abdomen and you are prepared to make an emergency stop. For further information about returning to drive following surgery with anaesthetic you can contact your insurance company. You can do activities such as swimming, provided the wound has healed well and the bleeding has stopped.

After 6-8 weeks you should feel quite well. You may

be able to return to work depending on what your job involves. However, you should still avoid heavy lifting and straining such as lifting heavy shopping bags and wet washing, and taking the vacuum cleaner upstairs.

Progress your abdominal exercises after 6 weeks by, for example, balance exercises on a gym ball. Wait 3 months before starting competitive sport or energetic activity.

Always take care when lifting. Brace your abdominal muscles and pull up your pelvic floor muscles before attempting a lift.

It is not always necessary for you to return to the hospital for any further appointments after your operation. If this is required you will have been made aware of it when you were discharged from the ward and you will receive a letter asking you to contact the outpatients department to agree a date for your appointment.

A small number of women may have had a hysterectomy that does not involve the removal of the cervix. If you have had this operation you will have been advised to continue to have regular smear tests at your GP surgery.

Pelvic Floor Exercises

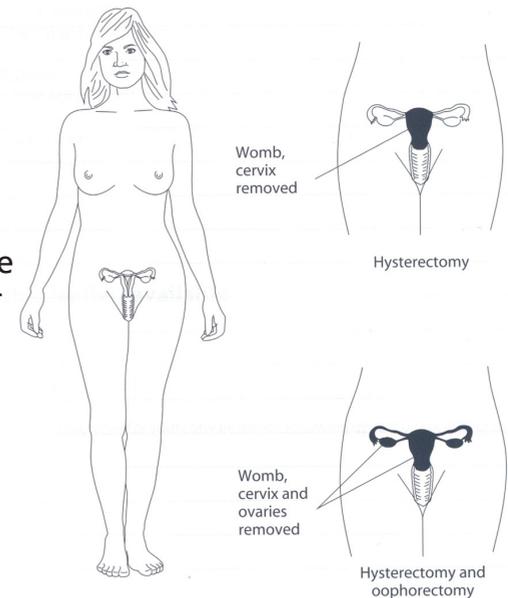
The pelvic floor muscles weaken with age, especially after the menopause. Therefore all women will benefit from exercising these muscles regularly. Start in a lying position, with your knees bent and feet flat on the bed. Contract the pelvic floor muscles as if you were doing a mid-stream, stopping yourself from passing wind at the same time. Hold the contraction for 5 seconds, relax and repeat 5 times. You may find the pelvic floor muscle contraction is easier if you pull in your lower abdominal muscles at the same time.

Start pelvic floor muscles when you feel comfortable after surgery.

Sexual activity

You may resume sexual intercourse when you feel you are ready **but not before six weeks after your surgery**. It can take more time than usual to become aroused. The vagina may feel quite dry so use some KY jelly and let your partner know if you are worried so that a gentle approach can be taken by both of you.

Do not worry if, following intercourse on the first few occasions, you experience slight blood stained discharge. If you experience heavy bleeding or this discharge continues, return to your GP for advice.



Further Information

If you would like more advice or information than this booklet provides, or clarification, please do not hesitate to ask any of the doctors or nurses whom you meet during your stay. They will be happy to answer your concerns. Your experience is very important to us and we ask that you complete an Inpatient questionnaire. These are available on the ward and can also be completed on line via a link on the Portsmouth Hospital Trust internet site www.porthosp.nhs.uk

Further information can be obtained by contacting the Nurse in charge on 023 9228 6000 and asking for bleep 1329.

www.hysterectomy-association.org.uk

www.womens-health-concern.org

www.dh.gov.uk/en/Healthcare/Electivecare/

[Enhancedrecovery/DH_119307](#)

Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation. It is important **before** giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on 0800 917 6039 or E-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.