

Women's Service

Vaginal hysterectomy and vaginal repair

Information for patients



Vaginal hysterectomy and vaginal repair

This leaflet is for women who have been advised to have a vaginal hysterectomy. It tells you why doctors recommend this operation and what the operation involves. It also describes the benefits and risks of the operation, recovery, and what to expect when you go home.

If you have any questions about the information in this leaflet, or any concerns about the procedure, please telephone one of the numbers below and ask to speak to a member of the nursing staff.

John Radcliffe Hospital, Oxford

Gynaecology Ward: 01865 222001 or 222002
Day Surgical Unit: 01865 222014

Horton Hospital, Banbury

Pre-operative assessment: 01295 229375
Gynaecology Ward: 01295 229088
Day Case Unit: 01295 229155

What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation to remove a woman's uterus (womb) and cervix. The operation is carried out through the vagina - no cut is made on the abdomen. The top of the vagina is closed. Rarely the ovaries and fallopian tubes are removed at the same time – this operation is called a salpingo-oophorectomy.

If you have a hysterectomy:

- you will not be able to get pregnant
- you will have no more monthly periods
- you will not need to use contraception
- It may be part of a continuing treatment or it may mean the end of a health problem

A hysterectomy does not:

- cause premature ageing
- mean becoming less of a woman or losing your sex drive
- Leave a gap inside - the bowel fills up the space.

Why is a hysterectomy necessary?

There are many reasons why your doctor might have recommended a hysterectomy. The main reasons include:

- Period problems such as heavy or irregular periods.
- A prolapsed uterus, where muscles and ligaments supporting the uterus have become weakened and the uterus slips down from its normal position into the vagina. This causes a feeling of pressure or heaviness in the vagina.

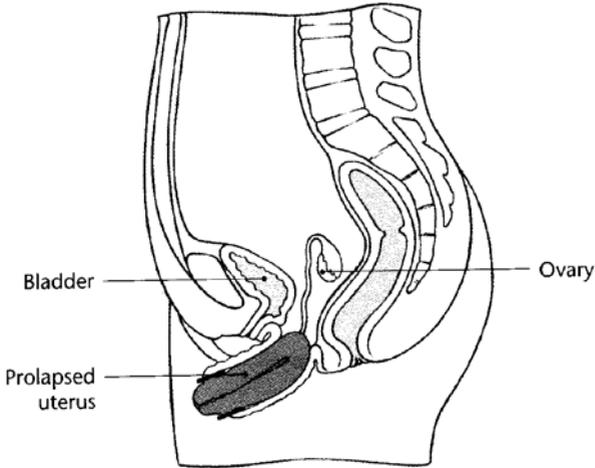
Alternative treatments

Depending on your circumstances you may have been offered other treatments first, such as drugs or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors. Your surgeon will discuss this with you.

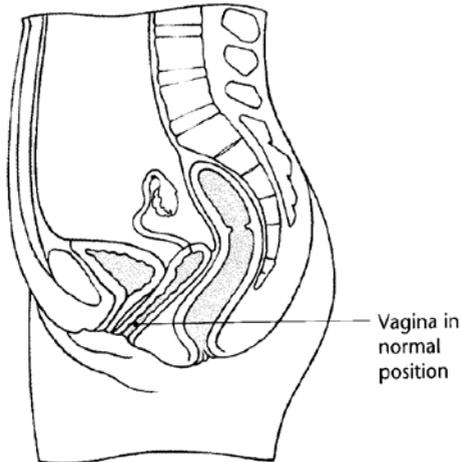
What is a vaginal repair?

If you have a prolapsed uterus, which is affecting the front or back of the vagina, your surgeon may suggest repairing this at the same time as carrying out the hysterectomy. This operation is called an anterior or posterior repair.

BEFORE SURGERY



AFTER SURGERY

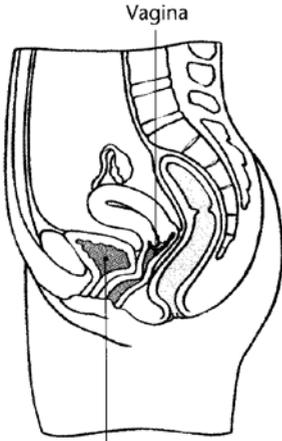


Other types of prolapse may result from stretching and weakening of the walls of the vagina, with bulging of the bladder through the front wall (cystocele) or bowel through the back wall (rectocele).

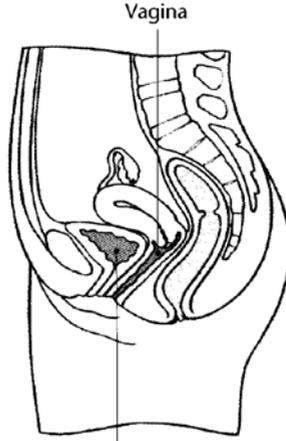
All of these conditions can result in the feeling of something coming down the vagina.

The repair operation tightens the walls of the vagina and the pelvic floor muscles. All the stitches are dissolvable.

CYSTOCELE

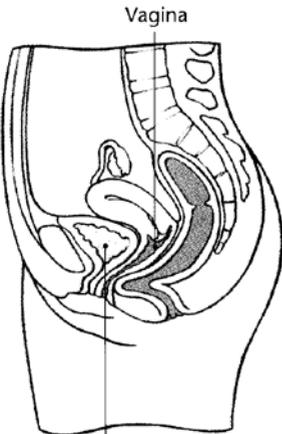


Bladder
Before surgery, bladder prolapses into vagina

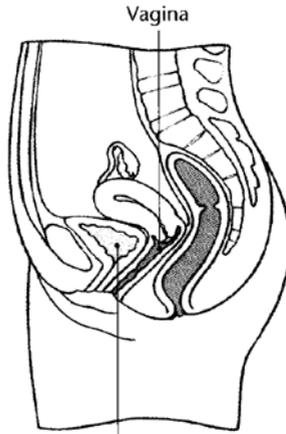


Bladder
After surgery, normal position restored

RECTOCELE



Bladder
Before surgery, rectum prolapses into vagina



Bladder
After surgery, normal position restored

The benefits of hysterectomy

- Overall, over 90% of women who have a hysterectomy are satisfied with the operation.
- The benefits of hysterectomy depend on the type and severity of problems that you are having. Problems like very heavy periods will be cured by total hysterectomy. However, other problems like pelvic pain may not be improved or cured by hysterectomy.
- Your surgeon will talk to you about the chances of a hysterectomy leading to a cure or improvement in your condition. You should weigh this against the severity of your condition and other available treatments.
- Vaginal hysterectomy may be part of the treatment for prolapse.

You should also consider the risk of not having the operation.

Risks of vaginal hysterectomy

Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding the right treatment for you.

Serious risks are:

- Damage to the bladder or the one of the tubes which drains the kidneys (the ureters) – 1 in 150 women.
- Very rarely, damage to the bowel – 1 in 2500 women.
- Excessive bleeding. This may occur during the operation (about 1 in 50 women), or after the operation (about 1 in 75 women), requiring a blood transfusion or return to theatre.
- Deep vein thrombosis (DVT) – this is the formation of a blood clot in a leg vein. This occurs in 1 in 250 women.

A clot can then move to the lungs, causing a very serious condition called pulmonary embolism. Preventative treatment will be given to reduce the risk of DVT.

- Rarely, infection may occur inside the abdomen or pelvis (1 in 500 women).

Frequent risks include:

- Infection – which may affect the wound, bladder or lungs, or develop around the operation site internally. Most infections are easily treated with a course of antibiotics but others can be more severe.
- Abdominal incision (cut) – although the aim is to do the surgery through the vagina, sometimes this is not possible.

Although vaginal hysterectomy is a relatively safe operation and serious complications are not very common, it is still major surgery. You and your doctor must together weigh the benefits and risks of surgery, giving consideration to alternative treatments.

Do I really need a hysterectomy?

Hysterectomy is just one way to treat problems of the uterus. Before you decide if this is right for you, find out as much as you can:

- About your condition
- About other treatment options
- About how hysterectomy may affect you

You can get this information from your GP, hospital gynaecologist, from books available at bookshops, or from reliable sources on the Internet, such as NHS Direct Online (<http://www.nhsdirect.nhs.uk>). There are other suggestions of places to look at the end of this leaflet.

Some conditions can be treated without a hysterectomy, but for others it is the best choice, particularly if you have tried alternative treatments or they have unacceptable side effects. Remember to discuss all your options and any questions you may have with your doctor.

Before you come into hospital

Plan ahead – when you come out of hospital you are going to need extra help at home for the first 2 weeks (make sure your family know this too!).

Smoking – if you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes to recover. If you are not able to stop completely, even doing so for a few days will be helpful. You will not be able to smoke while you are in hospital.

Driving – We recommend that you do not drive for 6 weeks, and then check with your doctor at your follow up appointment. We advise checking with your insurance company that you have

insurance cover if you choose to drive earlier. It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop if needed. Remember, you need to think of yourself and other people's safety.

Medicines – some medicines need to be stopped or changed before the operation. You should check this with your GP.

In particular, the contraceptive pill should be stopped at least 4 weeks beforehand and another method of contraception used. If you have been anaemic then your GP will advise iron supplements before surgery.

On the day of surgery

You may be given an estimated time for your operation, but it will not be possible to give you an exact time. In the anaesthetic room, next door to the operating theatre, a needle will be placed in your arm or wrist. It will be attached to a tube which will supply your body with fluids and medicines. This will stay in place until you are drinking normally after the operation. A monitor will be attached to your chest before the anaesthetic is given.

The anaesthetic – You will meet the anaesthetist before your operation and have the opportunity to ask any questions about the anaesthetic. Most hysterectomies are done with you asleep under a general anaesthetic. A regional anaesthetic is an alternative, where feeling is blocked out in the lower part of your body. Regional anaesthetics are sometimes advised if you have heart disease or breathing difficulties. The anaesthetist will talk to you about which one is most appropriate for you.

The operation

Vaginal hysterectomy

The womb and cervix are removed through a cut inside the top of the vagina.

Vaginal repair

This is the operation to correct a prolapsed uterus.

After the operation

When you return to the ward you are likely to be very sleepy for the rest of the day. There may be a catheter in your bladder and a swab dressing in the vagina. The dressing is normally removed the next day and the catheter within a day or two.

Will I have pain?

Most people experience some pain or discomfort for the first few days and we will offer you painkillers to help ease it. The anaesthetist will discuss pain relief with you before your operation.

We will offer you a choice of tablets or suppositories to control any pain you may have. You will be encouraged to take painkillers, as being pain-free will speed up your recovery.

Having an anaesthetic, being in pain, and having strong painkillers can sometimes make you feel nauseas or sick. This can easily be helped by injections or tablets.

Many women get wind pains a few days after the operation, which can be uncomfortable and make the tummy look distended (swollen). This should not last long and can be relieved by medicines, eating and walking about.

Will I bleed?

After the operation you may have some vaginal bleeding and you will need to wear a sanitary pad. We advise you not to

use tampons. Your vaginal loss should change to a creamy discharge over the next 2-3 weeks. (If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.)

Will I have stitches?

You will have vaginal stitches which are all dissolvable. Threads may come away for up to three months, which is quite normal.

What happens if I need to cough?

If you need to cough, your stitches won't come undone. You will be wearing a sanitary towel, and coughing will hurt less if you press on your pad firmly to give support between your legs.

Recovery

Recovery is a time consuming process, which can leave you feeling tired, emotionally low or tearful. This is particularly true after hysterectomy and is a normal reaction. Although vaginal surgery does not produce a visible scar, this does not shorten the healing process. The body needs time and help build new cells and repair itself. You may feel tired for up to 6 to 8 weeks.

After a hysterectomy, most women will stay in the hospital for approximately 2-4 days, but it could be longer if necessary. When you are discharged depends on the reasons for your operation, your general health and how smoothly things go after surgery. Recovery time varies from woman to woman. It is important to remember that everyone's experience is different, and it is therefore best not to compare your own recovery with that of others on the ward.

Emotional effects

Although removing the disabling symptoms leading to surgery is welcomed, many women experience an emotional reaction after a hysterectomy. This depends on many factors, including how well prepared you are for the procedure, timing of the operation, reasons for having it and whether the problem is cured. Some women may feel depressed because they can no longer have children. If these problems persist you should discuss them with your GP. The organizations listed at the end of this leaflet can give you further information and support.

Sex after hysterectomy

There may be a change in sexual response after hysterectomy. For many women this area of their life is improved because there is no longer discomfort or the risk of pregnancy. We advise that you avoid penetrative intercourse for about 6 weeks, until you've had your check-up with your doctor.

Take time, feel comfortable, don't be rushed, and for the first

few times you might find a lubricating gel is helpful. You can buy this from the chemist. Talk to your partner or husband about this as you will need extra gentleness and understanding.

Unless a prolapse has been repaired, the vagina should not be smaller, but it will take a while for the scarring at the top to become supple. Intercourse will help this. Because the womb has been removed, contractions that may have been felt during orgasm will no longer occur.

Weight

The operation itself should not cause you to gain weight. Initially, because you are feeling better, experiencing reduced levels of activity and an increase in appetite, you might tend to put weight on if you are not careful. By paying attention to what you eat and increasing your activity level as you recover, weight gain need not be a problem.

Exercise

It is important to continue to exercise and walking is an excellent example of this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally good.

Cervical smears

After a vaginal hysterectomy you will no longer need cervical smear tests.

Further information and help

Women's Health Concern

<http://www.womens-health-concern.org>

Women's Health Concern provides an independent advice and information service about women's health concerns.

The Hysterectomy Association

<http://www.hysterectomy-association.org.uk>

Telephone Helpline: 0844 357 5917

(For quick questions and answers. Details of how to access other telephone support are available on the website.)

NHS Direct Online

<http://www.nhsdirect.nhs.uk>

Telephone advice line: 0845 4647

The Physiotherapy Department

Women's Centre

John Radcliffe Hospital

Tel: 01865 221530

Women's Health Physiotherapist

Horton Hospital

Tel: 01295 229432

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Vic Rai, Consultant Gynaecologist
Version 3, July 2010
Review date July 2013
Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU
www.oxfordradcliffe.nhs.uk

OMI 2055