Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

Large print and other languages

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এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিল্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ں مے من ہڑپ مک اس ع ہی متکس اج یک بای تسد رہ سٹی مراف لدابت متامول عم می ٹنرپ اڑب ای ناس آ اور در خواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں!۔

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Reference: BH/PIN/449 Publication date: Sept 2017

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Patient information

Abdominal hysterectomy

What is an abdominal hysterectomy?

An abdominal hysterectomy involves removing the uterus through a cut in the lower part of your abdomen, leaving a 'bikini-line' scar or occasionally a midline scar. The uterus is removed and depending on the reason for your hysterectomy your cervix, ovaries and fallopian tubes may or may not be removed too.

Why do I need a hysterectomy?

A hysterectomy may be advised for one or more of the following reasons:

- Heavy or irregular periods
- Fibroids
- Endometriosis
- Prolapse of the uterus or cervix
- Cancer



What are the different kinds of abdominal hysterectomy?

There are different types of abdominal hysterectomy

- Total abdominal hysterectomy: The removal of your uterus and cervix. The ovaries are usually left behind. However, if they are removed, this is called a bilateral salpingo-oophorectomy
- **Subtotal abdominal hysterectomy:** The removal of your uterus but when the cervix is left behind
- Radical hysterectomy: The removal of the uterus, cervix, fallopian tubes and ovaries, part of the vagina and lymph glands. This operation is performed for cancer.

What are the risks of an abdominal hysterectomy?

- Wound infection: This can be treated with antibiotics
- Bleeding: This may occur at the time of the operation and will be stopped before the procedure finishes. In rare circumstances you may need to return to the operating theatre to stop continued bleeding or require a blood transfusion.
- Pain: There may be some general abdominal pain and some pain at the site of the incision after the operation. Regular pain relief will be provided after the operation to minimize this.
- Thrombosis: Blood clots may occur in your legs or lungs. The risks are minimized with compression stockings and injections to thin your blood.

Complications specific to abdominal hysterectomy:

Damage to abdominal structures

- There is a 7 in 1000 risk of damage to bladder or ureters.
- There is a 4 in 1000 risk of damage to bowel.
- Damage to a major blood vessel.
- If any damage occurs, this will be repaired at the time of the operation.

After the operation

You will return to the ward to recover. When you wake up you may

experience pain and nausea but you will be provided with medication to limit both of these. You will also have a catheter in your bladder. This can be removed once you have started mobilising. Unless there have been unexpected complications, most women are well enough to go home 2-4 days after the operation.

Information about your discharge from hospital:

- You will be given required pain relief to take home.
- A letter will be given to you before leaving the hospital that describes the procedure performed.
- A copy of this letter will be sent to your GP.
- Any follow up appointments will be sent to you in the post.

Back at home

- Take it easy for the first few weeks to recover from the operation. It is likely to take 6-8 weeks for a full recovery.
- Light vaginal bleeding/discharge may continue up to 2 weeks after the operation. Do not use tampons.
- Avoid sexual intercourse for 6 weeks after the operation.
- It is usually safe to drive after 4-6 weeks but will depend on your ability to perform an emergency stop.
- If you have a subtotal hysterectomy you will need to continue having cervical smear tests.

Contact your GP if you experience:

- Excessive pain
- Offensive vaginal discharge or bleeding
- Temperature

References

Royal College of Obstetricians and Gynaecologists, Information after your abdominal hysterectomy, Recovering well, 22/10/2015, https://www.rcog.org.uk/globalassets/documents/patients/patients/patient-information-leaflets/recovering-well/abdominal-hysterectomy.pdf
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