Hysterectomy
Women’s Health Unit
Mater Mothers’ Hospital is one of Brisbane’s leading health facilities for non-insured patients. It is built on a foundation of clinical excellence and a commitment to safe, compassionate care that is customised to women’s needs and lifestyles.

Situated within Mater Mothers’ Hospital, the Women’s Health Unit features single or two bed rooms with ensuites, disabled access, external views, natural light and proximity to the Mater Adult Hospital Critical Care Unit.

For more information about Mater Mothers’ Hospital please contact reception on 07 3163 8664.

Visiting hours
11 am to 1 pm and 3 pm to 8 pm (patient rest period 1 pm to 3 pm).

Our Mission
In the spirit of the Sisters of Mercy, Mater Health Services offers compassionate service to the sick and needy, promotes a holistic approach to health care in response to changing community needs and fosters high standards in health-related education and research.

Following the example of Christ the Healer, we commit ourselves to offering these services to all without discrimination.

Our Values
Mercy: the spirit of responding to one another
Dignity: the spirit of humanity, respecting the worth of each person
Care: the spirit of compassion
Commitment: the spirit of integrity
Quality: the spirit of professionalism

Welcome
At Mater Health Services we understand that having an operation can be a very stressful experience. This booklet aims to alleviate some of your concerns in keeping with our Mission to offer compassionate, quality care that promotes dignity whilst responding to patients’ needs. It explains briefly what to expect before you come to hospital, the events that may occur during your visit and the things to expect when you are discharged from the hospital.

It is, however, only a guideline as each person may require differing treatments.

If you have any questions about your treatment please ask your doctor or nurse.

Our pastoral care team offers a caring support network to all patients. The dedicated members of this team will visit you during your stay and are available at your request to discuss any anxieties or problems that you may have.

Our expectations
Prior to discharge:
• your temperature will be within normal limits
• your vaginal loss will be minimal
• your wound/s will be clean with no signs of infection, inflammation or unexpected bleeding
• you will be comfortable and your pain will be managed with oral medication
• you will understand all education provided and your plan of care after leaving hospital
• you are able to walk independently to an appropriate level for home activity
• you are able to tolerate fluids and food.
What is a hysterectomy?
A hysterectomy is an operation to remove the uterus and, usually, the cervix. The ovaries and tubes may or may not be removed during this procedure, depending on the reasons for the surgery being performed. If the ovaries are removed, you will commence menopause.

A hysterectomy is a major surgical procedure with physical and psychological consequences.

Why is this done?
Common reasons include painful or heavy periods, pelvic pain, fibroids or as a part of therapy for cancer. You should have a clear understanding of your reason for this surgery. If not, please ask your doctor.

What are the alternatives to this treatment?
A number of other conservative options may be appropriate for your particular condition and will normally have been considered prior to your decision to undergo a hysterectomy.

How is this done?
The procedure is normally performed under a general anaesthetic. The procedure itself takes approximately one hour, but you can expect to be in theatre and recovery for up to three hours.

To commence your anaesthetic a drip is inserted into your arm. Once you are asleep you will have a urinary catheter inserted. The importance of the catheter is to reduce the size of your bladder, keeping it away from the operation site and reducing the risk of complications. Once the catheter is inserted the operation can commence.

There are three ways to remove the uterus:
1. Vaginal hysterectomy: removal of uterus and closing of the wound is performed through the vagina. There is no cut in the abdomen.
2. Laparoscopic hysterectomy: about four small keyhole cuts are made in the abdomen to divide the attachments of uterus, ovaries and tubes in the pelvis. The uterus is usually then removed through the vagina.
3. Abdominal hysterectomy: The uterus is removed through a cut in the lower abdomen. The cut size is about 15–20 cm and runs across your abdomen, usually below the bikini line. Less commonly, it may be necessary to have a cut that runs from the belly button down to the pubic area.

What are the risks of undergoing this procedure?
Although the risks associated with hysterectomy are low, you should be aware that every surgical procedure has some risk. This may also depend upon the type of surgery you have.

Specific risks to be aware of in relation to vaginal hysterectomy, laparoscopic hysterectomy and abdominal hysterectomy include:
1. Severe bleeding from large blood vessels around the uterus or top of vagina. This is not common.
   - Emergency surgery may be required to repair the damaged blood vessels.
   - A blood transfusion may be required to replace blood loss.
   - A vaginal pack may be used to control the bleeding.
2. Infection in the operation site, pelvis or urinary tract. Treatment may include antibiotics.
3. Nearby organs such as the ureter (tube leading from kidney to bladder), bladder or bowel may be injured—expected to happen to approximately one in every 140 women. Further surgery will be needed to repair the injuries.
   - For bladder injuries, a catheter may be put into the bladder to drain the urine away until the bladder is healed.
   - For ureter injury, a plastic tube (stent) is placed in the ureter for some weeks.
   - If the bowel is injured, part of the bowel may be removed with a possibility of a temporary or permanent colostomy (bag on the abdomen to collect faeces).
4. The bowels may not work after the operation; this is usually temporary. Treatment may include a drip to give fluids into the vein and no food or fluids by mouth.
5. Rarely, a connection (fistula) may develop between the bladder and the vagina. This causes uncontrollable leakage of urine into the vagina and requires further corrective surgery.
6. A change in the sensory nerves of the bladder and bowel. Constipation and bladder problems may occur.
7. Psychological changes may occur after surgery. Feelings of depression and anxiety can be prolonged after surgery. Counselling may be of benefit.

Specific risks to be aware of in relation to laparoscopic hysterectomy and abdominal hysterectomy wounds include:
1. Bleeding into the wound internally from surrounding blood vessels. A drain may be required to drain fluid from the wound and antibiotics may also be required.
2. The layers of the wound may not heal well and the wound may open up
   - A hernia (weakness/hole in the deeper tissues) may form in the long term which may require repair by further surgery.
   - An infection may involve ongoing wound care with dressings and antibiotics.
3. The scar can be thickened, red and may be painful. This can be disfiguring and may be permanent.
4. Numbness under or around the wound is relatively common and while it normally resolves, it may be permanent.

General risks during all operations include:
- Small areas of the lungs may collapse, increasing the risk of chest infection. This may require antibiotics and physiotherapy.
- Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- A heart attack because of strain on the heart or a stroke. Extremely rarely, death is a possibility in anyone undergoing an operation.
- Chronic abdominal pain related to internal scarring (adhesions).

Some women have an increased risk of complications including:
- Women who are very overweight have an increased risk of wound infection, chest infection, heart and lung complications and blood clots.
- Smokers have an increased risk of wound and chest infections, heart and lung complications and blood clots.

Procedure planning day
When you had your appointments with your specialist, the case manager and the preadmission clinic, planning for your surgery began, including:
- an explanation of your surgery
- signing the consent form
- booking the date of your surgery
- estimation of the day you will be going home
The assessments taken during your time with the case manager and the preadmission service provide important information on your health and social status allowing your particular needs to be identified and managed. Appropriate referrals will be made for those needs identified, either prior to, or following, your surgery.

**Things to do before you come to hospital**

- It is important for you to have all the tests ordered at your outpatient clinic appointment completed prior to coming to hospital. Please bring X-rays, any ECG reports and all your blood test results with you to hospital along with your medications. **Your medications need to be in their labelled containers or Webster pack.**

- If you are taking any blood thinning or arthritis medications please follow the instructions provided by your preadmission nurse or pharmacist, as sometimes it is important that these medications be stopped in preparation for your surgery. You should continue your regular medications, unless advised otherwise. If you are a smoker it is also important for you to stop smoking.

- It is important for you to be familiar with, and start practising, your breathing and leg exercises which you will need to commence once you have woken up from your operation, and getting in and out of bed—please refer to diagram page 15.

- You may be required to have a bowel preparation, which will empty your bowel prior to the surgery. If this is required, you should only have fluids (clear soups, jellies, cordials, juices or similar drinks) in the 24 hours prior to the surgery. The bowel preparation medication should be taken as prescribed.

- In some circumstances your surgery may need to be rescheduled or cancelled. If you are **feeling unwell or have developed an illness** we advise you to make an appointment with your GP who can then inform you if you are well enough to have surgery.

**Below is a summary of your procedure plan and follow-up appointments:**

<table>
<thead>
<tr>
<th>Preoperative Planning</th>
<th>Postoperative Consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of surgery</td>
<td>Specialist follow-up appointment</td>
</tr>
<tr>
<td>Date of admission (if different to surgery date)</td>
<td>Your specialist’s follow-up appointment is made in advance to guarantee you a booking time. As rescheduling is difficult we wish to suggest requests for rescheduling is limited to medical requests and unforeseen circumstances.</td>
</tr>
<tr>
<td>Expected length of hospital stay:</td>
<td>- Abdominal hysterectomy post-operative appointment</td>
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<tr>
<td>Laparoscopic or vaginal hysterectomy—two days</td>
<td>- Vaginal hysterectomy post-operative appointment</td>
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<tr>
<td>Abdominal hysterectomy—three days</td>
<td>- Laparoscopic hysterectomy post-operative appointment</td>
</tr>
<tr>
<td>Estimated date of discharge</td>
<td>Allied health follow-up appointments:</td>
</tr>
<tr>
<td>Surgeon</td>
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<tr>
<td>Anaesthetist</td>
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<tr>
<td>Case manager</td>
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<tr>
<td>Preoperative physiotherapy appointment</td>
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</tbody>
</table>

**Date of surgery**

- Date of admission (if different to surgery date)

**Expected length of hospital stay:**

- Laparoscopic or vaginal hysterectomy—two days
- Abdominal hysterectomy—three days

**Estimated date of discharge**

- Surgeon
- Anaesthetist
- Case manager
- Preoperative physiotherapy appointment

**Specialist follow-up appointment**

- Abdominal hysterectomy post-operative appointment
- Vaginal hysterectomy post-operative appointment
- Laparoscopic hysterectomy post-operative appointment
- Allied health follow-up appointments:
If your surgery needs to be rescheduled or cancelled due to advice from a medical practitioner or due to unforeseen personal circumstances please notify Bookings at Mater Health Services on telephone 07 3163 8244 as soon as possible and provide them with the following information:
   – your name
   – your surgery date
   – reason for cancellation of surgery
   – if you require your surgery to be rescheduled.

• You should stop eating and drinking at the following times on the day of your surgery unless otherwise notified:
  – at midnight if your procedure is in the morning
  – at 6 am if your procedure is in the afternoon.

• You will need to shower and dress into clean clothes prior to coming into hospital. While showering it is important to include cleaning your naval area well. No skin products such as deodorant, perfume, body lotion or powder are to be used following your shower. It is important that you DO NOT SHAVE your operation site as this increases the risk of wound infection.

• Please remove all body jewellery.

• As Mater is unable to accept liability for losses it is highly recommended that you leave your valuables at home for safety and security purposes. Please bring essential items only. While Mater does not take responsibility for your personal belongings our Security Office will hold any lost property that is handed in.

What to bring to hospital:
• toiletries
• comfortable sleep wear
• underwear
• sanitary pads
• all usual medications
• all X-rays
• Medicare Card
• patient information booklet.

The day of your surgery

Before your surgery
• When you come to hospital proceed to the Day Procedure Unit, Level 5, Mater Adult Hospital, where you will be admitted and prepared for surgery unless otherwise arranged.

• The assessment form completed at the preadmission service will be reviewed and your health team will plan for your individualised care while in hospital, discuss any concern you may have and support you may require after discharge. If any changes to your circumstances have occurred since the preadmission interview, please notify your nurse. Your nurse will also check that your consent form has been signed or organise for it to be signed before your operation.

• It is an infection control requirement at Mater that you will be required to have swabs taken if you have transferred from, or worked at, another health care facility or you have had previous resistant infections. This is usually identified, and attended to, at the preadmission clinic. Your admission nurse will check if these three swabs have been taken and will complete the test if there are further swabs required.
After your surgery

- When you wake from the anaesthetic, you will be ready to be transferred, in your bed, from recovery to your hospital room.
- It is important for you to start your breathing and leg exercises. These exercises help prevent complications such as chest infections and blood clots in your legs:

  **Breathing exercises**—every hour you are awake and while resting in bed take five long and slow deep breaths. Each breath should be deeper than the previous breath. Think about getting the air to the very bottom of your lungs.

  Taking a deep breath may trigger a cough. Support your wound with your hands and forearms; perhaps use a pillow over your tummy to protect as you cough. Bent knees help to reduce further strain on your wound.

  **Circulation exercises**—these exercises improve the blood circulation and may help prevent blood clots from forming in the legs. Start doing this exercise in bed and then once you start sitting out of bed.

  a) Move your feet up and down briskly from your ankles.

  b) While your leg is straight, push your knee gently into the bed and pull your toes towards your head. Hold this stretch for a few seconds and then relax. Repeat five times with each leg if comfortable.

  c) Squeeze your buttocks tightly and then relax. Repeat a few times.

- Having an anaesthetic can make you feel sick and may cause vomiting. You will have a drip in your arm which is necessary to maintain fluid intake and provide pain relief. This will remain in until you are tolerating food and fluids and your pain control is changed to oral medication.
Vaginal/laparoscopic hysterectomy—day 1 post-operatively
Abdominal hysterectomy—day 1–2 postoperatively

The aims are that:

• your pulse, blood pressure and temperature will be within the normal range
• pain relief will maintain your comfort
• you may have a blood test to check your Haemoglobin level
• your IV treatment will be discontinued if you are tolerating your diet and fluids
• your blood tests are normal
• you will have progressed to, and be tolerating, a normal diet
• you will have your catheter removed and your urine output will be monitored closely
• you will be encouraged to slowly increase mobilisation, getting in and out of bed through side-lying (see below).

Wound care:

• Abdominal hysterectomy—your dressing will remain intact as this reduces the risk of infection. Your drains will be removed upon your doctor’s instruction. Your vaginal loss will be scant.
• Vaginal hysterectomy—you may have a vaginal pack in place. This acts as a large tampon. It can cause discomfort and is usually removed after 24 hours. It is not painful when it is removed.
• Laparoscopic hysterectomy—small dressings will cover your key-hole incision sites which will be closed with either glue or sutures.

Observations
Nurses will continue to take your observations regularly (temperature, pulse, blood pressure) and monitor your wound, dressing, drain and vaginal bleeding.
Medications
You will be given your regular medications today, plus any required for pain relief. Please let the nursing staff know when you have pain.

Treatment
You will have the compression stockings on your legs removed once you are getting out of bed. You will continue to wear the special stockings if ordered. Some women will receive an injection of heparin to reduce the risk of developing blood clots in the legs.

Mobility
Following instructions provided by your surgical team, your movement in and out of bed and around the ward will increase slowly each day. It is important to follow your physiotherapist’s instructions when moving in and out of bed.

Getting in and out of bed through side-lying
- Gently brace as demonstrated by the physiotherapist preoperatively. Bracing involves gentle activation of pelvic floor muscles and deep tummy muscles.
- Make sure the bed is flat. Draw in the pelvic floor as you bend both knees up, one at a time.
- Roll over to your side without twisting too much and keep your knees bent.
- With your top arm well in front of you, push your upper body forward and up, as you allow your legs to go down at the same time.
- Remember to keep breathing, keep your knees bent, and come forward and up to sitting in one smooth action.
- Always try to stand tall, with your shoulders relaxed as you walk.

Nutrition
Once you are tolerating 500 ml or more of fluid you will be able to commence eating your normal diet.

Hygiene
- Showering/bathing:
  - Abdominal hysterectomy—you may be well enough to be assisted with having a shower on the first day following your surgery. Alternatively you will be given a sponge in bed. On the second day following your surgery you will be encouraged to shower independently.
  - Vaginal/laparoscopic hysterectomy—you will be assisted as needed with having a shower.
- For your toileting needs you will be given assistance as needed and encouraged to increase your independence.
- Your urine will be measured following the removal of your catheter to ensure your bladder is functioning adequately.

Education and emotional support
- Your nurse will discuss this booklet with you and ensure you understand your care path. Please take the opportunity to discuss any concerns you have with your nurse.
- A member of our pastoral care team may visit you.
Discharge planning
To ensure that you have a smooth discharge from hospital, planning is initiated early. If your recovery has been without complications your discharge day will be planned as being the second or third day following surgery depending on your type of hysterectomy. Your doctor will give you confirmation of this.

Things that need to be organised:
Your destination............................................................................................................................................
Your discharge transport............................................................................................................................
Confirmation of time of discharge (as close to 10 am as possible) .........................
If you are unable to be picked up by 10 am you will be transferred to the transit lounge where you will be cared for until your transport arrives.
Services needed at home................................................................................................................................

Day of discharge
The aims are that:
• your temperature will be within normal limits
• your vaginal loss will be minimal
• there will be no signs of infection, inflammation or unexpected bleeding
• you will be comfortable and your pain will be managed with oral medication
• you will understand all education provided and your plan of care after leaving hospital
• you are able to walk independently to an appropriate level for home activity
• you are able to tolerate fluids and diet.

Activities of daily living
• It is expected you will be mobilising independently to an appropriate level for home activity. At home mobilise around the house and yard initially, then go for short walks. Aim to gradually increase your activity every day. By four weeks you should be fully mobile.
• Your bowel and bladder functions should continue to return to normal.
• Take a shower and avoid a bath.
• You may have foods and fluids as desired. A diet promoting tissue healing, including protein, iron and vitamin C is recommended. A high fibre diet along with 2–3 L of fluid each day will encourage bowel regularity.

Observations
Your temperature, pulse, respirations and blood pressure will be monitored prior to discharge along with the condition of your wound/dressing and vaginal discharge.

Medications
• You will continue to take your regular medications. If there are specific discharge medications required they will be given to you along with relevant advice.
• For pain control you may use paracetamol or paracetamol-codeine as required, following the instructions of use as provided by your doctor. Paracetamol-codeine is not recommended for those with allergies to codeine.
After the operation you will no longer be able to have children. Even if you have not yet gone through menopause, you will no longer have periods.

For the majority of women hysterectomy surgery does not have a negative effect on sexual function.

What to avoid

For the first two to three weeks lift nothing greater than two kg. Increase gently as tolerated over six weeks.

It will take about three weeks before you should drive a car. Only when you know you can act confidently with emergency breaking should you attempt driving the car.

Avoid sexual intercourse for six weeks to allow healing to take place.

Avoid inserting anything into the vagina for six to eight weeks to allow time for healing to take place (e.g. use sanitary pads and not tampons).

Avoid straining when opening your bowels.

The lean forward position has been shown to assist in opening the bowels with more ease and helps to prevent straining (see diagram).

≤ lean forward from the hips
≤ lean through your forearms
≤ come up on the balls of your feet if comfortable
≤ allow your abdomen to relax forward
≤ do NOT hold your breath or strain
≤ a small footstool may enhance the position.

NB: It is important to avoid constipation and straining immediately after your surgery as this will assist healing and improve your comfort. Maintaining your bowel motion consistency (soft and easy to pass) long term will lessen the chance of prolapse and incontinence in the future.

Treatments

- You will need to continue to wear your stockings, especially overnight, for one to two weeks.
- Wound care: abdominal/laparoscopic hysterectomy—if your dressing/s are removed you may leave your wound exposed. If your dressing/s are left intact, instructions will be given to you as to when you can remove your dressing/s and how to do so. As part of your discharge plan you will be advised to make an appointment with your GP to have a wound check two weeks after your surgery.

Education and discharge plan

- Opportunity will be provided for you to discuss any concerns and emotional needs.
- Your nurse will confirm you understand all your education, discharge advice and discharge plan.

Recovering at home

What to expect

- You may have a blood stained vaginal discharge which is similar to a light period. This will gradually reduce to ‘nil’ over the fortnight as your internal wound heals.
- You may need to take some simple analgesia for pain/discomfort, especially on waking and settling at night.
- You may feel fatigued.
- It is normal to experience some depression after this procedure.
- You may require up to four to six weeks off work. You should have returned to normal activity by two to three months, depending on the type of surgery, although full recovery may take longer.

- Maintaining your bowel motion consistency (soft and easy to pass) long term will lessen the chance of prolapse and incontinence in the future.
Contact:

- All general hospital enquiries please contact: 07 3163 8664
- For all queries related to your up-coming surgery please contact the Women’s Health Unit Case Manager Monday to Friday 8 am to 4 pm on telephone 07 3163 3729 or 0434 607 821
- For post operative complications as listed below please contact:
  - Mater Adult Hospital Emergency Department on telephone 07 3163 8111 or your GP.

Complications

- your wound becomes red or inflamed, painful
- you have heavy vaginal bleeding—heavier than a normal period
- you have offensive vaginal discharge
- you develop a fever i.e. temperature about 38°C, or you are feeling unwell
- you have pain that is not relieved by simple analgesia
- nausea and vomiting that is difficult to manage
- you are having difficulty passing urine or opening your bowels.
For general enquiries contact Reception on 07 3163 8664

Acknowledgments

Staff of the Mater Mother’s Hospital Women’s Health Unit, Raymond Terrace, South Brisbane, Qld 4101


Contact details

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