

# Vaginal Hysterectomy

Department of Gynaecology

## What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation performed under a general, spinal or epidural anaesthesia to remove the womb (uterus) through the vagina.

It is a common surgical procedure to cure or alleviate a number of gynaecological complaints. The cervix is also removed so there is no longer any need for cervical screening.

## Why do I need a vaginal hysterectomy?

A vaginal hysterectomy is considered after other treatments have failed. The decision to have a hysterectomy should be shared between you and your doctor. In most cases a vaginal hysterectomy is needed to relieve either acute or chronic painful or distressing symptoms.

**Heavy or very painful periods:** When all other treatment options have been explored some women whose quality of life is unduly affected by heavy or very painful periods will benefit from having vaginal hysterectomy. Sometimes the heavy bleeding can also cause anaemia.

**Prolapse:** This is where the uterus or parts of the vaginal wall drop down. This may happen after the menopause when the tissues that support the uterus tend to become thinner and weaker.

## Types of vaginal hysterectomy

- 1. Vaginal Hysterectomy (VH):** This is when the uterus and cervix are both removed through the vagina.
- 2. Total Laparoscopic Hysterectomy (TLH):** Is a keyhole procedure to provide access for a laparoscope (telescope) to help remove the womb and sometimes remove the fallopian tubes, ovaries and cervix.

## What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about, that will make your stay with us more comfortable. A variety of simple tests will be done to ensure you are fit for surgery.

Smoking increases the risk of complications so, if possible, please try to stop smoking a month before the operation.

You will need to make arrangements for your family, children or any other commitments you have prior to coming in to hospital and to cover the length of your recovery. You will be seen by the anaesthetist who will discuss with you the options of a general anaesthetic (induced sleep) or regional anaesthesia (like an epidural). The doctor performing the surgery will answer any questions and address any concern that you might have before you go to theatre. It is not unusual to feel anxious: the nursing staff will gladly discuss how you are feeling and to talk you through your emotions.

## What does the operation involve?

The operation usually takes about an hour. Your surgeon will pass a specially designed instruments through your vagina to remove your womb. The surgeon will then close the top of your vagina using dissolvable stitches and may place a tampon-shaped dressing (known as a pack) in your vagina. The vaginal pack will stay in for 24 hours before it is removed. You won't have any visible cuts or scars.

## What are the risks?

There are risks with any operation but these are small.  
The main risks associated with a vaginal hysterectomy are:

### Common risks:

- Post-operative pain
- Swelling and bruising
- Urinary infection, retention and/or frequency
- Blood-stained vaginal discharge
- Feeling emotional.

### Uncommon risks:

- Damage to the bladder
- Damage to the bowel
- Pelvic abscess or infection
- Venous thrombosis and pulmonary embolism (clot in leg/lung)
- Haemorrhage requiring blood transfusion
- Return to theatre i.e. because of bleeding
- Vaginal vault dehiscence (opening) requiring re-stitching.

## What can I expect after the operation?

As you come round from the anaesthetic you may experience pain and/or nausea. Please inform the nursing staff and they will assess you and take appropriate action.

We will use a pain score to assess your pain:

0-10: 0 = No Pain, 10 = Very Strong Pain.

You may have a PCA pump (patient controlled analgesia) to control your pain.

Your nurse will be checking your blood pressure, pulse, breathing and temperature and will monitor any vaginal bleeding. The nurse will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, a DVT (Deep Vein Thrombosis) or chest infection.

### **The first 12 hours after the operation**

You will have a drip attached in your arm (intravenous infusion); once you are fully awake you will be able to start drinking and eating. Your drip will then be discontinued. You may also have a urinary catheter to drain your urine. You can expect pain or discomfort in your lower abdomen. You will be given painkillers to alleviate this.

### **Day 1: after the operation**

The nursing staff will assist you with washing or to shower as necessary. We encourage early mobilisation. We would normally expect you to sit out of bed and walk around the day after surgery. Often you will be able to go home the next day.

If you have a vaginal pack and a catheter, it will usually be removed on the morning after your surgery. We will monitor your urine output to make sure you are emptying your bladder properly after the catheter has been removed. You may experience trapped wind which may cause discomfort. Peppermint water and getting up and walking will help this. You may also find it difficult to open your bowels at first you will be given mild laxatives to soften your stools and prevent constipation and straining.

Occasionally, a drain (small tube) will be inserted through your vagina to drain off any blood or fluid that may collect immediately after the operation. This will be removed by a nurse after your surgery while you are still in hospital.

## What about going home?

You will be seen and assessed by the gynaecological team the day after your operation to check on your recovery and decisions will be made about your care. This information will be shared with you. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay for a vaginal hysterectomy is one to two nights. As you physically recover from your operation, the nursing team will discuss your recovery at home. To ensure you have a good recovery you should take note of the following:

### **Rest:**

During the first two weeks at home it is common to feel tired, exhausted and emotional. You should relax during the day gradually increasing the number of things you do each day. Avoid crossing your legs for too long when you are lying down.

### **Vaginal bleeding:**

You can expect to have some vaginal bleeding/discharge for 1-2 weeks after the surgery. This is like a light period and is red or brown in colour. Some women have no bleeding initially and have a sudden gush after 10 days; this is quite common and should settle quickly. Sanitary towels should be used and not tampons to reduce the risk of infection.

### **Stitches:**

You will have internal stitches which are dissolvable and will not need to be removed as they will dissolve and fall out of the vagina.

### **Housework:**

**Week 1-2:** We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).

**Weeks 3-4:** We recommend that you gradually introduce lighter household chores: dusting, washing up, making beds and remembering not to lift any heavy items e.g. saucepans.

**Weeks 4-6:** Gradually increase lifting weights over 3kgs. Do not vacuum or do any heavy lifting before 6 weeks.

**By 8 weeks:** You can carry a bag of shopping or lift a basket of washing.

### **Exercise:**

Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You may return to normal exercise such as cycling and swimming after 4-6 weeks. You will be able to manage the stairs on your arrival home. We encourage you to do pelvic floor exercises.

### **Diet:**

A well-balanced nutritional diet with high fibre content is essential to avoid constipation. Your bowels may take sometime to return to normal after your surgery and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

### **Sex:**

You should usually allow 4-6 weeks after the surgery before having sex to allow your scar to heal and ensure bleeding and discharge has ceased. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

### **Returning to work:**

Depending on the surgery and the nature of your job you will need 2-6 weeks off work. Most women are able to return to work after 2-4 weeks, please discuss with your doctor or nurse or your occupational health department before you go back and do certain jobs. The hospital doctor will provide a sick certificate for this period.

### **Driving:**

It is usually safe to drive after 2-4 weeks but this will depend on your level of concentration your ability to perform an emergency stop and whether your car insurance company agrees.

## Are there alternatives to having a vaginal hysterectomy?

You may decide not to have surgery and want to try alternative methods of improving your symptoms such as:

- Hormone preparations such as an intrauterine system
- Pharmacological therapies
- Ring or shelf pessaries
- Endometrial ablation, a surgical procedure to remove the lining of your womb.

These can be discussed with your doctor.

## Who can I contact with any concerns or questions?

If you have any problems or are worried, please do not hesitate to contact us on the gynaecology ward:

### Princess Royal Hospital

**Horsted Keynes ward** Tel. 01444 441881 Ext. 5686

### Royal Sussex County Hospital

**Level 11** Tel. 01273 523191

This information leaflet has been produced by the Gynaecology Ward Sister Ruby Brown.

### References/useful links

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3. National Institute for Health and Clinical Excellence (2010). Understanding Nice Guidance: Treating endometrial cancer with keyhole hysterectomy. [www.nice.org.uk](http://www.nice.org.uk)

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#### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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