Warrington and Halton Teaching Hospitals NHS Foundation Trust

Gynaecology: Hysterectomy

Introduction

Your Gynaecologist has recommended a hysterectomy where your womb is removed. This may be performed laparoscopically using instruments inserted through small cuts on your abdomen or performed by laparotomy (open operation) using a larger incision on your abdomen. It can also be performed through the vaginal route if you have a prolapse. You will be provided with a written information leaflet that details your specific surgery when you attend the Gynaecology Outpatients Department.

Guidance for Patients

Common reasons for having a hysterectomy include:

- Heavy or painful periods not controlled by medical treatments
- Fibroids where the muscle of your womb becomes overgrown and can cause pain, heavy bleeding, and pressure on other organs such as the bladder.
- Cancer cells or pre-cancer cells of the uterus, cervix, ovaries, or fallopian tubes
- Endometriosis- a painful condition where the womb lining somehow migrates and grows outside the womb causing pain.
- Other conditions include severe pelvic infection, prolapse

While you are waiting for your procedure your Gynaecologist may recommend an alternative management or treatment to support your symptoms. It is important that you consider these options too in the short term to support your well-being.

This may include:

- Medication -hormonal or non-hormonal, injections
- Physiotherapy such as Pelvic floor exercises
- Lifestyle changes
- Intrauterine system or Mirena IUS

Kinds of hysterectomy

Several types of this operation exist. A total abdominal hysterectomy is performed through an incision on your tummy (transverse or vertical) and the entire womb is removed. In a subtotal hysterectomy, the cervix is left behind. This might be patient choice for the latter option. A vaginal hysterectomy is performed through the vagina and mainly for prolapse reasons. A laparoscopic hysterectomy is performed by keyhole surgery and involves 3 or 4 tiny incisions on your tummy to gain access with instruments used. The option of removing the fallopian tubes and ovaries can be discussed in the clinic beforehand, and if the ovaries are removed, you might consider Hormone replacement therapy.

The type of surgery and the pros and risks should be discussed with your doctor before you sign the consent form.

Recovery

You are likely to have an intravenous drip after surgery for rehydration until you start eating and drinking. Pain relief is individually managed and depends on the type of surgery you have had. You might have a urinary catheter after surgery for a day or so, as well as injections to thin out your blood due to the risks of clots. If you have had keyhole surgery, you might be discharged on the same day or the day after. The other routes usually involve a stay of 2-3 days.

What should I do if my health is deteriorating?

If you feel you are becoming more unwell, please contact your GP or NHS 111 for medical review in the first instance. Your GP will be able to advise if this is something they can support with during your wait or they will be able to contact your Gynaecology team to discuss their findings in more detail and determine a management plan.

Contact Us

Issues relating to admission please contact the admissions team on 01925 662320.

If you feel your symptoms need emergency attention , please attend A&E first and can be referred to a Gynaecologist on duty