

Gynaecology – Hysterectomy

Introduction

The COVID-19 pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

When you are waiting for further treatment it can sometimes feel like a long wait. The information and advice here is aimed at helping you manage that wait so you arrive for your appointment in the best possible physical and mental health.

The NHS has limited resources which means that we are unable to treat you as quickly as we would like. Each healthcare provider has to consider the type of help you need, how quickly you need treatment, the best course of action to help you and when and where you can be seen.

The process of sorting patients based on their individual needs is called prioritisation. The system of prioritisation is applied consistently across the NHS to help us to decide the order in which patients receive their treatment. This is essential to ensure that we provide care based on need. The system means that care is delivered in the fairest way possible.

Once a referral has been made from primary care to secondary care, the specialist team conduct assessments and then agree with you on the right course of action. At this stage, the urgency will be assessed. If you have a long-term health condition, for example, you may need treatment faster than someone without.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions. It may also be helpful if you are a partner, friend or relative in this situation.

There are several different types of hysterectomy, including:

- total hysterectomy, where both the uterus and cervix (neck of the womb) are removed
- subtotal hysterectomy, where just the uterus is removed and the cervix is not
- hysterectomy with salpingo-oophorectomy (removal of one or both of your ovaries and your fallopian tubes) at the same time

Some laparoscopic hysterectomies are done entirely by keyhole surgery. Others are done partially through your vagina (sometimes called a laparoscopic assisted vaginal hysterectomy or LAVH). If you are having an LAVH, you might find helpful in [Recovering well: information for you after a vaginal hystectomy](#).

My Planned Care Patient Information Platform

The type of hysterectomy will depend on your personal circumstance and will be discussed with you by your gynaecologist before your operation.

You will need an anaesthetic for a laparoscopic hysterectomy. This will be a general anaesthetic or a regional anaesthetic (spinal or epidural).

This information will help you recover after a laparoscopic hysterectomy. You should read this information along with any other information you have been given about your choices and the operation itself. You may also find the video useful which discusses the procedure and recovery. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- How fit and well you are before your operation
- The reason you are having a hysterectomy
- The exact type of hysterectomy that you have
- How smoothly everything goes and whether there are any complications

Guidance for Patients

Being in the best possible shape before your operation will help. Stopping smoking, losing weight, cutting the amount of alcohol you drink and increasing the amount of exercise you do every day will make your recovery faster and safer. It is important that medical conditions such as high blood pressure and asthma are controlled before your operation. Your GP will help you with this.

Before your operation, your health will be checked and a care plan for your stay in hospital and discharge home will be made.

What should I do if my health is deteriorating?

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999

Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us

if you have any questions please contact the Gynaecology admissions co-ordinator on 0300019 4678