

Before, During & After Your Vaginal Hysterectomy or Laparoscopic Assisted Vaginal Hysterectomy

Vaginal Hysterectomy is a surgical procedure to remove the uterus (womb) through the vagina. Vaginal hysterectomy is a surgical treatment for many different gynecological conditions including:

- **Fibroids** – Benign tumors in your uterus that can lead to persistent bleeding, anemia, pelvic pain, pain during intercourse and bladder pressure.
- **Gynecological cancers** – Vaginal hysterectomy may be recommended by your Doctor for treatment of cervical or endometrial cancer.
- **Uterine prolapse** – When pelvic supporting tissues and ligaments get stretched out or weak, the uterus can lower into the vagina, causing urinary incontinence, pelvic pressure or difficulty with bowel movements. Removing the uterus and repairing the surrounding ligaments can ease these symptoms.
- **Abnormal Vaginal bleeding** – When medication or a less invasive surgical procedure does not control irregular, heavy or very long periods, hysterectomy can resolve the problem.

The type of hysterectomy you have will depend on your personal circumstances and will be discussed with you by your gynecologist before your operation. Sometimes at the same time of vaginal hysterectomy a **Salpingo-oophorectomy** (removal of one or both ovaries and fallopian tubes) may be performed.

Before Your Surgery

You will be asked to come to the Pre-Admission Clinic or you will be called by telephone at home. The Pre-Admission Clinic nurse will ask you about your health and give you information about having surgery.

Every woman has different needs and recovers in different ways. You will need a general anesthetic for a Vaginal Hysterectomy. People who are fully prepared and active in their care have a smoother and faster recovery after surgery. You will be in hospital for **1 day**. If your surgery has been more extensive then discharge will be after 2 days.

Before your surgery focus on building your strength and staying as active as you can to speed your recovery. Low impact activities like walking are a good form of exercise. If you are able, go for a 20 to 30 minute walk at least 3 times per week.

Healthy eating helps to prepare your body for surgery and prevent infection. Your body needs to be well nourished to heal muscles and skin that are hurt by surgery.

Please speak with your Doctor about any alternative or homeopathic medication that you are on before your surgery. You may be asked to stop taking this medication for a couple of days before surgery.

Before you come into hospital arrange to have someone help you at home after your surgery. You may need help with your shopping, preparing meals, housekeeping and bathing. If family and friends are unable to help, contact a private agency. If you have specific concerns, tell the Pre-Admission nurse at the time of your visit/telephone call. You will also need a ride home from the hospital.

Expected length of stay

Laparoscopic vaginal hysterectomy – usual stay of **1 day** but if surgery performed in the morning and you are progressing well you can be discharged the **evening of surgery**.

Vaginal Hysterectomy – length of stay is **1 day** (day after surgery).

Discharge time is 10:00 am.

The Day of Surgery

- Whilst in the hospital your nurse will monitor your blood pressure, temperature, vaginal discharge, incision/s and urine output. You will have blood work taken the next day post surgery.
- After your surgery you will have an IV (drip) in your arm to provide you with fluids. You **will be able to drink soon after surgery**. When you are tolerating fluids well (not feeling nauseous) you will be offered a light meal. If you are feeling sick please tell your nurse as medication can be given to you to make you feel better.
- You can expect pain and discomfort in your lower abdomen for at least the first few days post surgery. In hospital Nursing staff will be asking and assessing your pain. It is important that you take analgesia regularly to reduce your pain as this will enable you to get out of bed sooner, stand up and move around—all of which will speed up your recovery. In hospital you will be given analgesia by intravenous/ subcutaneous and oral routes.
- If you have had a **Laparoscopic Vaginal Hysterectomy** you may experience pain in your upper chest and shoulder area like Gas pain due to the gas that was placed inside your belly during surgery. Early mobilization is the best way to get rid of gas pain. As well as drinking warm fluids and avoiding fizzy drinks.
- You may return to the ward with oxygen supplied by mask or nasal prongs for a short period of time You will be encouraged to do deep breathing exercises and use a breathing exerciser (incentive spirometer) to help keep your lungs clear . You will be encouraged to take 10 deep breaths every hour and cough frequently to loosen phlegm in your lungs. Place a pillow on your stomach to give you support and help the pain when you cough.

- You may have **vaginal packing** (a length of gauze, like a large tampon) to reduce risk of bleeding. This is removed by the Gynecology Resident the day following surgery. Occasionally a **small drain** is also inserted through your vagina to drain off any blood or fluid which may accumulate immediately after your operation. This drain will also be removed by the Gynecology resident. These items will be removed before removal of your catheter.
- You will have a tube in your bladder called a Foley catheter. It is a flexible tube that is placed in your bladder to drain urine. This will be removed early in the morning the next day. You will be given a measuring hat so that staff can monitor amount of urine drained.
- Surgery increases your risk of clots forming in the legs and lungs you may be commenced on injections of blood thinners. If your Doctors decide that you require blood thinners, these will be continued at home. You may go home on Dalteparin or Enoxoparin blood thinners. You and your family will be shown and instructed how to administer these injections by your nurse. The length of treatment will vary from 10 to 28 day course.

Your team of Doctors will review your progress early on the morning of Day 1. Orders will be made for the removal of your IV, Foley and any drains/internal packing.

Packing will be removed by the doctors.

If they are satisfied with your progress they will discharge you home.

Your nurse will give you your discharge papers and any scripts. They will also discuss how to care for yourself at home.

At Home After Surgery

Pain Management

You may have some pain after you go home. Your pain will decrease gradually over time as healing occurs. If the pain is mild to moderate you may prefer to take your usual non-prescription plain or extra strength Tylenol. Take the pain medication prescribed for you. Take enough pain medication so that you are comfortable and able to move around. Most pain medications work best when taken if you take them before the pain becomes too bad. Do not worry about becoming addicted to pain medications. People only become addicted to pain medication if they take them for reasons other than to control pain

Wound

Most people will have no visible wound. However patients who have undergone Laparoscopic (keyhole) vaginal hysterectomy will have steri strips over their incisions .you will have between 2 to 4 tiny incisions (between 0.5 cm to 1 cm long) on different parts of your abdomen. Once the stickiness reduces these steri strips will fall off

Vaginal Flow

It is normal to have pink, yellow or yellowish brown vaginal flow for 4 to 6 weeks following surgery. You may pass some pieces from the stitches, which is normal

DO NOT use tampons or have sexual intercourse until your surgeon tells you it is OK to do so

Exercise and rest

You may feel more tired than you expect over the next couple of weeks. This is the time to take it easy and relax. However it is important to start gentle exercises like walking. Increase the distance daily as you become more fit.

- Take the stairs slowly. Go one step at a time.
- Strenuous physical activity should be avoided for 6 to 8 weeks.
- No heavy lifting (nothing over 5 lbs).
- No driving for 6 weeks. However you may ride in a car for short trips.

You can commence **kegel exercises** once you are comfortable. These exercise were devised by Gynecologist, Dr Howard Kegel. The exercise were developed to strengthen the muscle which supports your urethra, and rectum. Your nurse will give you a pamphlet illustrating and explaining how theses exercises are done.

Baths and showers

- You may take a shower. Avoid perfumed bath products and talc.
- Use natural soap or just warm water when cleaning the vulval area.
- Baths are discouraged

Diet

It will take a few weeks for you to regain your normal appetite. A diet high in fiber, fruit and vegetables will help you maintain a regular bowel habit. Try to eat a 5 portions of fruit and vegetables daily. It is important to try and drink 2 litres of fluid a day to avoid constipation. If you continue to have a poor appetite you could supplement your diet with a food supplement such as Boost. This can be brought at the supermarket or health store.

Elimination

Avoid constipation and straining on the toilet. If you feel you need a laxative, a mild one brought over the counter may be taken for a short period of time. Check with your Doctor as to the type you should take.

Emotions

A diagnosis of cancer/pelvic disease can cause many emotions. You may feel that you have mood swings, disbelief and shock. These are normal reaction. It may be hard for you to discuss things with family and friends. But discussing your feelings helps remove tensions and worries.

Ladies who have had their ovaries removed will undergo a menopause. Your Doctor may prescribe hormone treatment to reduce the effects of menopause.

Sexuality

You will be discouraged from participating in sex until you see your Gynecology Doctor. The time period for this is normally 6 to 8 weeks. You may feel a loss at losing a piece of your anatomy. This is understandable, natural emotion. It takes about 6 weeks for your body to heal after your operation and may be some time before you can enjoy sexual intercourse. There are other ways of being intimate and you and your partner can explore these ways.

Follow-up

You will be contacted by your Gynecologist with your pathology results. For patients with a cancer diagnosis this will tell us how extensive the cancer is and whether any further treatment is required. If in 2 to 3 weeks you have not heard from your Gynecologist then please contact the Gynecology Clinic. Your Gynecologist will see you in 6 to 8 weeks to review your progress.



Notify the Family Doctor if any of the following happens:

- Pain in the surgical area that is not relieved by pain medication.
- A change in the color of your incision line, increased redness/swelling, expanding bruising around incisions.
- Pus like discharge from incisions.
- Foul smelling discharge from incisions or vagina.
- Chills or fevers over 38.5°C or 101.2°F.
- Persistent liquid diarrhea.
- Persistent nausea or vomiting.
- Burning or stinging when you pass urine or increased frequency.

Go to an Emergency Department if you have

- Sudden severe chest pain or shortness of breath.
- Difficulty breathing.
- Sensation of heart racing.
- Painful, hot or cold calves.
- Difficulty bearing weight on your legs.
- Sudden gushing of blood.

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