Hysterectomy

What is a hysterectomy?
A hysterectomy is a surgery that removes your uterus (womb).

- The uterus is one of the organs of the female reproductive system. It is about the size of your closed hand.
- The lower part of the uterus is called the cervix.
- Below the cervix is the vagina or birth canal.
- On both sides of the uterus, you have an ovary, where the eggs are located, and a Fallopian Tube, which carries the egg to the uterus.

You should know whether or not your cervix, tubes, and ovaries are being removed with your uterus. Removing both tubes and ovaries is called a bilateral (both sides) salpingo-oophorectomy or BSO. A BSO may or may not be done with any type of hysterectomy.

You and your doctor will talk about your condition and decide what needs to be done for your health.

How is this procedure done?
There are several choices for surgery:

Vaginal Hysterectomy
If the uterus is removed through the vagina, the procedure is called a vaginal hysterectomy. No incision is needed on the outside of your body.

Abdominal Hysterectomy
If the uterus is removed through an incision in the abdomen, it is called an abdominal hysterectomy. Removing the uterus and the cervix also through the abdomen is called a total abdominal hysterectomy or TAH. The ovaries may or may not also be removed.
Laparoscopic Hysterectomy

In a laparoscopic hysterectomy, the procedure is done through a small telescope, called a the laparoscope. The laparoscope is put in through a small incision near your belly button. Other instruments used for the surgery are put in through tiny incisions in the abdomen. The uterus is removed through the vagina, called a laparoscopic-assisted vaginal hysterectomy, or through tiny incisions in the abdomen, called a laparoscopic hysterectomy.

Robotic Hysterectomy

In a robotic hysterectomy, tiny incisions are made near the belly button and other instruments used for surgery are put in through tiny incisions in the abdomen. The instruments are more flexible than laparoscopic instruments. The surgeon looks at a 3D image of your abdomen while doing the surgery. The uterus is removed through the vagina or through the tiny incisions in the abdomen.

Before your surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, in your hospital room, or in pre-operative care areas.

You will be asked to not wear or to remove these items the day of surgery:

- Nail polish
- Make-up
- Jewelry
- Hair clips
- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids
- Other prothesis

Day of your surgery

- Your vital signs (blood pressure, pulse, temperature, and breathing rate) will be taken. Blood tests will be done if needed. The nurse may put a needle into your vein (IV or Intravenous) to give you fluid.
- If only one ovary is to be removed, you will be asked by a health care team member to mark and write your initials on the side on which your surgery is to be done. Then a health care team member will also mark the same side.
- Your family will be allowed to stay with you until you go to the Preoperative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.
- You will leave the Ambulatory Surgery Unit (ASU) or your hospital room and go to the Pre-Operative Holding Area before surgery. While you are there, your anesthesiologist doctor may talk with you. An IV will be started if you do not already have one.
• You will then be taken to the operating room. Your surgery team will be wearing special scrub clothes, caps, and masks.

• A nurse will be there to greet you and check your identification (ID) bracelet. You will be asked about allergies. Then you will be made comfortable on the operating room table.

• Special equipment will be set up with supplies and instruments for your surgery by a scrub nurse or operating room technician. The staff will explain what will happen during surgery.

• A safety strap will be put over your knees, so you stay on the table. Extra blankets are available if you are cold. Your arms may be tucked in at your sides or put on an arm board.

### During your surgery

• During your surgery, your vital signs will be closely checked.
  ‣ Three wires used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate, it makes a beeping noise. Your heart beat also may be seen on a screen.
  ‣ A small clip, called a pulse oximeter, will be placed on your finger to measure your pulse and the amount of oxygen in your blood.

• If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be told how you are doing.

### After surgery

• After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk to your family.

• You will be taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a PACU nurse will watch you closely, take your vital signs often, and check IV fluids, drainage tubes and incision dressings.

• You will then be taken to the Ambulatory Surgical Unit or your hospital room. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen after your anesthesia, you will feel a tube on your face.

• When you first wake up, you may feel cold. This is normal if you have had general anesthesia. If you have pain, ask your nurse or doctor about pain medicines.

• You will have a catheter that drains urine from your bladder. This is a tube put into the opening through which you pass urine (urethra). It is often taken out the morning after your surgery.

• A pad will be placed between your legs in case you have vaginal bleeding.

• You also may have special boots on your legs while in bed to help prevent blood clots.

• The IV placed in your hand or arm before surgery may be used to give you fluids, or possibly blood, until you are able to drink the fluids that you need. You will slowly progress from clear liquids to solid foods.
Caring for your incision
Taking care of your incision depends on the type of surgery you had. You may have had staples or sutures.

- **Staples** – If your doctor used staples to close your incision, your dressing will be checked often. Staples may be taken out a few days after your surgery. A small amount of tugging can be felt when staples are removed.
- **Steri-strips**, or thin strips of tape, will be placed across your incision. The steri-strips will come off 7 to 10 days after surgery. Do not pull them off. They will fall off as the wound heals.
- **Sutures** – If your doctor used sutures (stitches), there is no need to have them removed. They will dissolve on their own.

Your nurse will show you how to clean your incision gently with soap and water. If you want to take a shower, you will not need to cover your incision.

If you have a vaginal hysterectomy, you will not have an external incision. You will be taught a special way to clean your vaginal or perineal area between your legs.

Pain control
You are encouraged to use pain medicine, so you will be comfortable when you cough, deep breathe, and walk. Ask your nurse for pain medicine before your pain becomes severe. Pain medicine works best if you take it before the pain gets out of control. Pain medicine can be given through your IV while in the hospital or in pill form.

Feelings
- After your hysterectomy, you will no longer be able to have children, and you will not have periods (menstruate).
  - If your ovaries are not taken out, you will still make female hormones.
  - If your ovaries are taken out, you may have symptoms of menopause, such as hot flashes, vaginal dryness, or mood changes. Talk to your doctor about hormone replacement therapy to help avoid these symptoms.
- You may have many feelings after surgery, including anger, fear, nervousness, frustration, or depression. These feelings are normal. Talk with your loved ones, friends, or health care team to help you cope as you recover.
- Your surgery should not affect your ability to have sex or the way you or your partner feel while having sex. Ask your doctor when you may resume sexual activity.

Home care
- For the next 6 weeks, use your energy wisely to complete tasks. When you get tired, rest. Rest is important for your body to heal from surgery.
- A small amount of vaginal drainage is normal for 2 to 4 weeks after surgery.
- Eat balanced meals to help promote healing.
• Lift less than 10 pounds (a gallon of milk weighs about 8 pounds).
• Avoid strenuous activities, such as a lot of exercising. Light housework, such as washing dishes and cooking are allowed.
• Avoid driving for 2 weeks. You may ride as a passenger in a car for short trips.
• Go up and down stairs slowly, one step at a time.
• Take walks, starting with short distances. Slowly increase how long and fast you walk.
• Wear comfortable, loose fitting clothes.

Call your doctor if you have questions or if you have problems after having your procedure done.