

VAGINAL HYSTERECTOMY



WAGynaeScope

Q: What is a vaginal hysterectomy?

A: A vaginal hysterectomy is an operation to remove a woman's uterus (womb) and cervix. The operation is carried out through the vagina and no cut is made on the abdomen. The top of the vagina is closed.

If you have a hysterectomy:

- You will not be able to get pregnant.
- You will have no more monthly periods.
- You will not need to use contraception.
- It may be part of a continuing treatment or it may mean the end of a health problem.

A hysterectomy does not:

- Cause premature ageing.
- Mean becoming less of a woman or losing your sex drive.

Q: Why is a hysterectomy necessary?

A: There are many reasons why your doctor might have recommended a hysterectomy. The main reasons include:

- Period problems such as heavy or irregular periods.
- A prolapsed uterus where muscles and ligaments supporting the uterus have become weakened and the uterus slips down from its normal position into the vagina. This causes a feeling of pressure or heaviness in the vagina.

Alternative treatments:

Depending on your circumstances, you may have been offered other treatments first such as drugs or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as person factors. Your surgeon will discuss this with you.

The benefits of hysterectomy:

- Overall, over 90% of women who have a hysterectomy are satisfied with the operation.
- The benefits of hysterectomy depend on the type and severity of problems that you are having. Problems such as very heavy periods will be cured by total hysterectomy. However, other

problems such as pelvic pain may not be improved or cured by hysterectomy.

- Your surgeon will talk to you about the chances of a hysterectomy leading to a cure or improvement in your condition. You should weigh this against the severity of your condition and other available treatments.
- Vaginal hysterectomy may be part of the treatment for prolapse.

You should also consider the risk/effects of not having the operation.

Risks of vaginal hysterectomy

Most operations are straightforward and without complications. However there are risks associated with all operations. You need to be aware of these when deciding the right treatment for you.

Serious risks are:

- Damage to the bladder or to one of the tubes which drains the kidneys (the ureters) - 1 in 150 women.
- Very rarely, damage to the bowel - 1 in 2500 women.
- Excessive bleeding. This may occur during the operation (about 1 in 50 women) or after the operation (about 1 in 75 women), requiring a blood transfusion or return to theatre.
- Deep vein thrombosis (DVT) - this is the formation of a blood clot in a leg vein. This occurs in 1 in 250 women. A clot can then move to the lungs causing a very serious condition called pulmonary embolism. Preventative treatment will be given to reduce the risk of DVT.
- On rare occasions an infection may occur inside the abdomen or pelvis (1 in 500 women).

Frequent risks are:

- Infection which may affect the wound, bladder or lungs or may develop around the operation site internally. Most infections are easily treated with a course of antibiotics but others can be more severe.
- Abdominal incision (cut) - although the aim is to do the surgery through the vagina, sometimes this is not possible.

Although vaginal hysterectomy is a relatively safe operation and serious complications are not very common, it is still major surgery. You and your doctor must together weigh the benefits and risks of surgery giving consideration to alternative treatments.

After vaginal hysterectomy:

Bleeding: After the operation you may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons.

Pain Relief: Most people experience some pain or discomfort for the first few days and we will offer you painkillers to help with this. The anaesthetist will talk to you about pain relief before your operation.

Longer term emotional reaction: Some women feel emotionally low for a longer period. This depends on many factors including the reason for your operation, how emotionally-prepared you are for it, the timing of the operation, and whether your problem is cured. A woman may feel depressed because she can no longer have children. If these problems persist you should discuss them with your GP

Sex after hysterectomy: We advise you to avoid penetrative intercourse for about 6 weeks until everything has healed up and you've had your check-up with your doctor. You may experience a change in sexual response after the operation. Many women say their sex life is improved because there is no longer discomfort or the risk of pregnancy. If your ovaries have been removed vaginal dryness may be a problem during sex. A lubricating gel, available from a chemist, may help. Your doctor can also advise you about oestrogen cream or hormone replacement therapy. Because the womb has been removed, contractions that may have been felt during orgasm will no longer occur.

Exercise and weight gain: Initially, because you are feeling better, experiencing reduced levels of activity and an increase in appetite, you might tend to gain weight. By paying attention to what you eat as well as increasing your activity level as you recover, weight gain need not be a problem. Walking is an excellent way to exercise. Gradually increase the length of your walks but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally good.

Driving: We recommend that you do not drive for two weeks and then check with your doctor at your follow-up appointment before starting to drive again. (It would be advisable to also check with your insurance company about when you can start to drive again). It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop without it hurting.

Cervical smears: If you have had a total hysterectomy (the cervix has been removed) you will no longer need Pap smear tests. If the cervix has not been removed you will need to continue to have Pap smears.

Hormone Replacement Therapy (HRT): The decision to use HRT is a personal one. If your ovaries are not removed there is no need to use HRT however if your ovaries are removed your medical team will discuss HRT with you.