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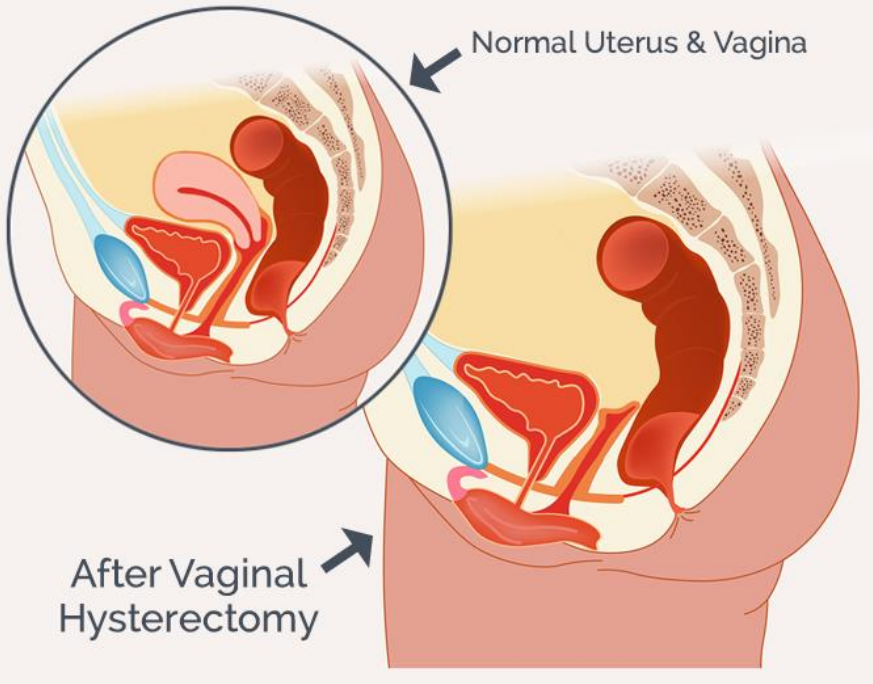
VAGINAL HYSTERECTOMY – PROCEDURE AND RECOVERY

Vaginal hysterectomy

During a vaginal hysterectomy, the womb and cervix are removed through an incision that's made in the top of the vagina. After the womb and cervix have been removed, the incision will be sewn up. The operation usually takes less than an hour to complete. A vaginal hysterectomy is usually preferred over an abdominal hysterectomy as it is less invasive, involves a shorter stay in hospital, and the recovery time also tends to be quicker.



Usual length of stay in hospital

In most instances, you will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for more than one day.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and you should not drive or make any important decisions.

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Catheter
You may have a catheter (tube) in your bladder to allow drainage of your urine. This is usually for up to 24 hours after your operation until you are easily able to walk to the toilet to empty your bladder. If you have problems passing urine, you may need to have a catheter for a few days.

Scars
A vaginal hysterectomy is carried out through your vagina so your scar will be out of sight.

Stitches and dressings
The stitches in your vagina will not need to be removed, as they are dissolvable. You may notice a stitch, or part of a stitch, coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about.

Packs
You may have a pack (a length of gauze like a large tampon) in your vagina after the operation to reduce the risk of bleeding. A nurse will remove this after your operation while you are still in hospital. Check with your nurse that this has been done before you go home.

Vaginal bleeding
You can expect to have some vaginal bleeding for one to two weeks after your operation. This is like a light period and is red or brown in colour. Some women have little or no bleeding initially, and then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Pain and discomfort
You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you should be provided with painkillers for the pain you are experiencing. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Trapped wind
Following your operation your bowel may temporarily slow down, causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Starting to eat and drink

After your operation, you may have a drip in your arm to provide you with fluids. When you are able to drink again, the drip will be removed. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on.

Washing and showering

You can shower whenever you feel comfortable doing it. Refrain from bathing for the first 10 days.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
- pump each foot up and down briskly for 30 seconds by moving your ankle
- move each foot in a circular motion for 30 seconds
- bend and straighten your legs - one leg at a time, three times for each leg.

Physiotherapy

You will be given advice and information about exercises to help you recover and about ways to move easily and rest comfortably. The ward physiotherapist may also visit you after your operation to show you some exercises and have a discussion with you about how to progress with getting out of bed and mobilising. The physiotherapist will also advise you on how to do pelvic floor muscle exercises.

Starting HRT (hormone replacement therapy)

If your ovaries have been removed during your operation, you may be offered hormone replacement therapy (HRT). This will be discussed with you by your gynaecologist and together you can decide the best way forward.

Cervical screening (smears)

Some women who have had a vaginal hysterectomy will need to continue to have smears from the top of the vagina. Check with your doctor whether this applies to you.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first - when you are tired, these feelings can seem worse. For many women this is the last symptom to improve.

You will be offered an Enhanced Recovery Programme (ERP). What is enhanced recovery?

Enhanced recovery is a programme that aims to get you back to full health as quickly as possible after a planned operation. If you take an active role in your treatment and recovery, stresses caused by an operation are reduced and you will get better faster.

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.

Enhanced recovery programmes help patients get better more quickly after major surgery. Patients spend less time in hospital and get back to their normal activities faster than with traditional recovery. By following an enhanced recovery programme, there are fewer complications after surgery and lower rates of re-admission to hospital than with traditional care.

What can help me recover?

It takes time for your body to heal and for you to get fit and well again after a vaginal hysterectomy. There are a number of positive steps you can take at this time. The following will help you recover.

Rest

Rest as much as you can for the first few days after you get home. It is important to relax, but avoid crossing your legs for too long when you are lying down. Rest does not mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days.

A pelvic floor muscle exercise programme

Your pelvic floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction. It is important for you to get these muscles working properly after your operation, even if you have stitches.

To identify your pelvic floor muscles imagine you are trying to stop yourself from passing wind, or you could think of yourself squeezing tightly inside your vagina. When you do this, you should feel your muscles ‘lift and squeeze’.

It is important to breathe normally while you are doing pelvic floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practise their pelvic floor muscle exercises by stopping the flow of urine mid-stream. This is no longer recommended, as your bladder function could be affected in the longer term.

You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practise short squeezes as well as long squeezes:

- ✓ short squeezes are when you tighten your pelvic floor muscles for one second, and then relax
- ✓ long squeezes are when you tighten your pelvic floor muscles, hold for several seconds, and then relax.

Start with what is comfortable and then gradually increase, aiming for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes. You should do pelvic floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves, such as brushing their teeth, washing up or commercial breaks on television. Straining to empty your bowels (constipation) may also weaken your pelvic floor muscles and should be avoided. If you suffer from constipation or find the pelvic floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet

Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day! As long as you are exercising enough and don't eat more than you need to, you don't need to worry about gaining weight.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so that your knees are higher than your hips. If possible lean forwards and rest your arms on top of your legs to avoid straining.

Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help - even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as

- ✓ starting to exercise regularly if you are not doing so already and gradually build up the levels of exercise that you take
- ✓ eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long- term recovery.

It can take longer to recover from a hysterectomy if:

- ✓ you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- ✓ you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- ✓ you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- ✓ there were any complications during your operation.

When should I seek medical advice after a vaginal hysterectomy?

While most women recover well after a vaginal hysterectomy, complications can occur - as with any operation

You should seek medical advice if you experience:

- ✓ Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.

- ✓ Vaginal bleeding that becomes heavy or smelly: If you are also feeling unwell and have a temperature (fever), this may be due to an infection or a small collection of blood at the top of the vagina called a vault haematoma. Treatment is usually with a course of antibiotics. Occasionally, you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this blood may need to be drained.
- ✓ Red and painful skin around your scars if you have had keyhole surgery: This may be due to a wound infection. Treatment is with a course of antibiotics.
- ✓ Increasing abdominal pain: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- ✓ A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

Getting back to normal

Around the house:

While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. If you feel pain, you should try doing a little less for another few days. It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time, and to take rests regularly. You can also try sitting down while preparing food or sorting laundry. For the first one to two weeks, you should restrict lifting to light loads such as a one litre bottle of water, kettles or small saucepans. You should not lift heavy objects such as full shopping bags or children, or do any strenuous housework such as vacuuming until three to four weeks after your operation as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you. Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise:

While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable, you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30-60 minutes after 2-3 three weeks. Swimming is an ideal exercise that can usually be resumed within 2-3 weeks provided that vaginal bleeding and discharge has stopped. If you build up gradually, the majority of women should be back to previous activity levels within 4-6 weeks.

Driving:

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- ✓ free from the sedative effects of any painkillers
- ✓ able to sit in the car comfortably and work the controls
- ✓ able to wear the seatbelt comfortably
- ✓ able to make an emergency stop
- ✓ able to comfortably look over your shoulder to manoeuvre.

Having sex:

You should usually allow 6 weeks after your operation to allow your scars to heal. It is then safe to have sex - as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

Returning to work:

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours and how you get to and from work. You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. Some women are fit to work after 2-3 weeks and will not be harmed by this if there are no complications from surgery. Most women are able to go back to normal work after 4 weeks if they have been building up their levels of physical activity at home. Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time.

When do I see my doctor again after the operation?

You will be scheduled for a follow-up visit 1 week after your operation. Any specific findings and the results of the operation will then be discussed with you and your doctor will be able to assess your early recovery process. Further visits will be planned according to your individual needs.