








Postcode: B15 2TG

Vaginal Hysterectomy and/or Vaginal Repair

KEY

-  Bus Stop Centro / WM
 -  Shuttle Bus Stop* (Pick-up and drop off 7am to 7pm)
 -  Hospital Entrance
 -  Disabled Entrance
 -  Disabled Parking
 -  Parking
 -  Railway Station
- *The Q-Park Shuttle Bus is a free service and is available from various locations around the QE site to transport patients and visitors to the main QE hospital, BWH hospital and QEP hospital buildings

Author: **Carole Nutting**
Sister Pre-Operative Assessment
Tel: 0121 627 2755

Birmingham Women's Health Care
NHS Trust

Edgbaston, Birmingham B15 2TG
Tel: 0121 472 1377 Fax: 0121 627 2602

Printed by Kall Kwik Walsall. Tel: 01922 722022 Ref 104/08/03 Revised 11/07

Patient Information

Returning to normal cont/d...

- You will probably feel more tired than usual for a few weeks and may feel a little down. This is nothing to feel worried about and should pass with time.
- Try to get plenty of fresh air.
- Go for short walks every day.
- If anything hurts or is uncomfortable stop and rest.

REMEMBER - Everyone is different and so people will recover at different rates. It is difficult to put exact time limits on various stages of recovery, so listen to your body. It will soon tell you if you are doing too much, by making you feel tired. If this happens, take it easier the next day.

Risks

It has been agreed that you require this surgical procedure which will involve making a cut in the top of the vagina in order to remove your womb (uterus) and/or a vaginal repair which will involve making a cut in the vaginal wall to treat your prolapse.

The risks are:

1. Excessive bleeding requiring blood transfusion.
2. Excessive bleeding which may require a further operation to treat.
3. Incisional complications including hernia and infection which may require antibiotics.

On Admission

On arrival you will be greeted by a member of the nursing staff who will show you around the ward and answer any questions you may have. You will see your surgeon and anaesthetist before your operation and have the chance to discuss any worries you may have.

On the morning of your operation you will be given a pair of anti-embolism stockings to wear and you will be asked to wear these until you go home, you will also have an injection of heparin in your arm every day. This is to slightly thin the blood. After all major surgery there is an increased risk of a blood clot developing in your leg (deep vein thrombosis). The stockings and injection will lower this risk.

A pubic shave may be necessary before your operation; one of the nurses on the ward will discuss this with you when you are admitted.

A nurse from the ward will come to theatre with you and collect you following your operation.

After your operation

- When you wake up you will be in the recovery area in theatre in your bed. A nurse will be with you.
- You will have an oxygen mask in place; this will help with your breathing and recovery.
- A drip (intravenous infusion) will be in place. This is to enable us to give you any drugs that you may need such as antibiotics and to give you fluids to stop you from becoming dehydrated.

After your operation cont/d...

- A catheter will be in your bladder to drain your urine away. This is removed when you have recovered well enough to have it taken out, usually one or two days.
- A gauze pack will be in the vagina; this is to help stop any bleeding. A nurse on the ward will remove this the following day.

Will I have any pain?

There are different ways of treating pain after your surgery. This is discussed in a separate leaflet, which you will be given.

Will I have any bleeding?

After your operation you may experience vaginal loss for up to 3 weeks. This is normal and should get less with time. If however the bleeding should be heavy, bright red or with clots or the vaginal discharge becomes offensive please contact either the hospital or your GP for reassurance.

Going Home

Although this operation does not involve a cut in your tummy you will be in hospital until you feel well enough to go home. This is usually 3 to 5 days. Stitches used will be dissolvable and do not need removing.

When can I return to work?

You will require time off work following your operation; this will be at least six weeks, until you have had a check up with a doctor either at the hospital or with your GP.

A sick note can be given before you go home. Please ask your nurse if you need one

When will I be able to drive?

Before driving a car you should feel capable of doing an emergency stop. After about three weeks try sitting in the car and depressing the pedals quickly - if it pulls your tummy muscles, leave it and try again in a few days. Also turning round and reversing can be a strain, so if there is any discomfort leave it a few more days.

Please remember to check with your own insurance company that driving after a major operation does not affect your cover.

Returning to normal

This is mostly common sense.

- Avoid heavy lifting, heavy housework and sport until you feel comfortable.
- Light housework, cooking a small meal is acceptable.
- Ironing a little at a time, sitting down, is reasonable.
- Don't carry heavy bags or shopping or dig the garden!
- Avoid resuming sexual intercourse until after your check up in six weeks.
- It is important to eat a diet that is high in fibre (fruit & vegetables) and to drink plenty of water. This will help you to avoid becoming constipated. You may also buy a mild laxative from your pharmacist.

Why is it Performed?

Many women complain of a feeling of "something coming down" or a lump in the vagina. The uterus (womb) may have prolapsed (dropped down) into the vagina. The bladder is in front of the vagina and the rectum is behind. Any or all of these can prolapse (drop down). A vaginal hysterectomy may be done because bleeding and pain affect a woman's lifestyle.

What is a Vaginal Hysterectomy/Repair?

A Vaginal Hysterectomy is an operation where the uterus (womb) which is at the top of the vagina is removed through the vagina (front passage) so there are no stitches on the outside. A vaginal repair is often done at the same time as a hysterectomy if there is any prolapse of the vaginal walls. A repair could be described as making a "pleat" in the tissue in the vagina to support these organs.

It is important to discuss with your surgeon whether you wish to continue to have intercourse after your surgery as this can affect the type of surgery performed.

Why does it happen?

The main supports of the uterus, bladder and bowel are the pelvic muscles and ligaments. These can be weakened by childbirth. It can also become weaker after the menopause or in women who are constantly straining, this is why it is important to avoid constipation. Women who smoke and who may develop a chronic cough are also more prone to prolapse. Weight problems may also be a factor.

4. Infection which may require antibiotics.
5. Injury to adjacent organs which may require further surgery.
6. Venous thrombosis (DVT) which may or may not result in a pulmonary embolism (clot in the lung).
7. Failure to achieve desired result.
8. Pain

If you have any concerns after your discharge please phone the Women's Hospital
0121 627 2757 - Ward 7 or
0121 627 2758 - Ward 8 or your own GP.