

You will probably feel more tired than usual for a few weeks and may feel a little low. 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.

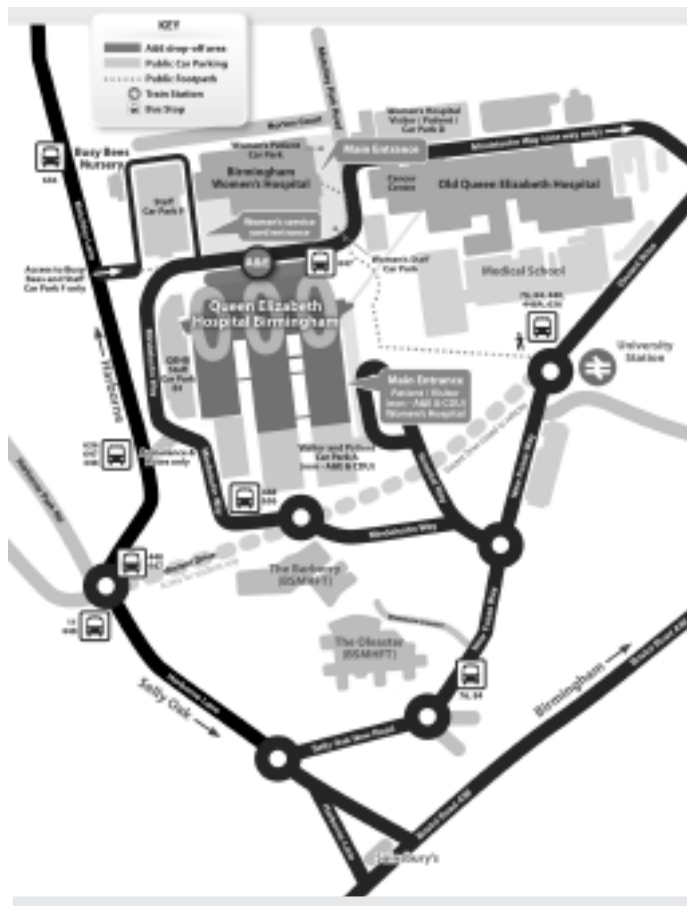
If you have any concerns after your discharge please contact your ward  
Ward 7 - 0121 627 2757  
Ward 8 - 0121 627 2758

## RISKS

It has been agreed that you require this surgical procedure which will involve making a cut into the abdomen known as a laparotomy. This will then be followed by removing your uterus (womb). There are risks associated with this operation, as with any surgical procedure and these are listed below.

Serious or frequently recurring risks of surgical procedures:

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.
4. Infection which may require antibiotics.
5. Injury to adjacent organs which may require further surgery.
6. Venous thrombosis (DVT) which may result in pulmonary embolus (clot in the lung).
7. Failure to achieve desired result.
8. Pain.



Ref 106/02/2011 Review 12/2012

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Printed by Kall Kwik Walsall. Tel: 01922 722022

# *Total Abdominal Hysterectomy and/or Removal of Fallopian Tubes and Ovaries*

## Benefits

A hysterectomy may be done because bleeding and pain affect a woman's lifestyle.

This may be due to fibroids, endometriosis or hormonal problems.

## Alternatives

There are a variety of alternatives to this procedure. However, these are not suitable for everyone. You will need to discuss these further with your consultant.

## What is a total abdominal hysterectomy?

Total abdominal hysterectomy means that the whole womb (uterus) including the cervix is removed through a cut in the tummy. It normally involves making a cut along the lower part of your tummy, but if the womb is enlarged - for example by fibroids it may be necessary to do an up and down cut.

Subtotal Hysterectomy means that the womb (uterus) is removed but the cervix is left behind.

## Will I have my ovaries removed?

The ovaries are usually left in place unless there is something wrong with them.

Some doctors may advise you to have them removed if you are approaching or have passed the menopause (change of life). It is important that you discuss this with your doctor.

## 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 with them.

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 be given an injection of heparin 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). Wearing stockings and having the injection will lower that risk.

A pubic shave or bowel preparation are not usually necessary. This will be discussed with you at your pre-operative assessment.

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

## After the 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 you 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 stop you from becoming dehydrated by giving you fluids.
- 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 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 have light vaginal bleeding for up to three weeks. This is normal and should get less with time. If, however, the bleeding becomes heavy please contact either the hospital or your GP for reassurance.

## GOING HOME

The stitches in your wound are usually removed 3-5 days following your operation. You will be discharged when you are well enough to go home. This is usually 3 days following your operation.

## When can I return to work?

You will require time off work following your operation. This will be at least 6 weeks until you have had your check up with a doctor, either at the hospital or your own 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 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 and 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.