North West Anglia NHS Foundation Trust

Total Abdominal Hysterectomy (TAH)

Patient information leaflet on Total Abdominal Hysterectomy

An abdominal hysterectomy is an operation to remove your uterus (womb) through a cut in your tummy. There are different types of abdominal hysterectomy, including:

- Total abdominal hysterectomy – uterus, tubes and cervix are removed.
- Subtotal abdominal hysterectomy – uterus and tubes are removed but cervix is not.
- Hysterectomy with bilateral salpingo-oophorectomy – both tubes and ovaries are removed at the same time as your uterus and cervix.

The type will depend on your individual circumstances and should be discussed with you by your gynaecologist pre-operatively.

It will be performed under a general anaesthetic or regional anaesthetic (spinal or epidural).

Any parts we remove will be sent to the pathology laboratory for examination to rule out any unexpected problems.

Why may you need a hysterectomy

A hysterectomy is most often performed for problems with bleeding / abdominal pain which has not responded to alternative treatments – these should have already been discussed.

Decision regarding removal of the tubes and ovaries

Removing the uterus (womb) will stop your periods and mean you cannot carry a pregnancy. However the ovaries will continue to cyclically produce hormones such as oestrogens and progesterone unless you have already gone through the menopause. Fallopian tubes are usually removed routinely at abdominal hysterectomy and do not affect hormones.

Reasons to consider removal of the ovaries:

- Strong family history of ovarian cancer
- Cyclical Pain thought to be arising from the ovaries and that has improved with use of contraceptives that suppress ovulation
- Personal history of breast cancer
- Severe endometriosis affecting your ovaries and other pelvic organs
- Severe pre-menstrual symptoms where Zoladex+HRT has been successful in resolution of symptoms.

Reasons to keep ovaries:

- You will become menopausal and may require hormone replacement therapy up to the normal age of menopause (around the age of 50)

- Removing the ovaries will cause a sudden transition into the menopause. The symptoms hot flushes and night sweats are likely to be quite severe and can last for up to 5 years. The symptoms can be controlled by using HRT, therefore if you have any known contraindication for HRT, you should avoid having your ovaries removed.
- In the post-menopausal periods the ovaries will continue to produce a small amount of hormones which can help mitigating the menopausal symptoms. The ovaries also produce a male hormone called testosterone. Testosterone is very important for maintaining energy levels, helping with bone mineral density, muscular mass and sex drive. Having the ovaries removed at time of surgery will affect your testosterone levels and testosterone replacement therapy may be required.
- If you are going through the menopausal transition and suffering from severe hot flushes and night sweats, removing the ovaries may aggravate and not improve these symptoms.
- HRT is strongly recommenced if you are younger than 45 years of age and is advisable if you are between the age of 45 and 51.

Should you choose to keep your ovaries, you and your gynaecologist should have considered what should be done if an unexpected abnormality is found.

What to expect after an abdominal hysterectomy

- Length of operation - this is variable and may be between 45minutes and 3hours.
- Length of stay in hospital – usually between 1-3 nights after the operation.
- After effects of general anaesthesia – during the first 24hours, you may feel more tired than usual and your judgement may be impaired. After this you should not have any long lasting effects.
- Catheter – when you wake up you will usually have a catheter tube in your bladder to allow drainage of urine, this is usually removed the next morning if you are able to walk to the toilet. After it is removed we will need to check you do not have any difficulty passing urine before you go home. Sometimes you may need a catheter for a few days longer.
- Scar - the majority of hysterectomies will be done through a cut just above the pubic hairline, however particularly when the womb is enlarged due to fibroids, an up and down vertical incision may be required.
- Stitches/dressings – post-operatively we will advise you if any stitches/staples need removing.
- Drain – occasionally a drain will be left in your lower abdomen post-operatively to allow drainage of any excess blood/fluid. This will be removed before you go home.
- Vaginal bleeding – it is normal to expect some light bleeding for 1-2weeks after the operation, some women may have no bleeding initially followed by a sudden gush approximately 10 days up to 3 weeks later which usually stops quickly. You should use sanitary towels rather than tampons to reduce the risk of infection.
- Pain and discomfort – lower abdominal pain and discomfort should be expected for at least the first few days after your operation. You will need painkillers such as paracetamol, ibuprofen and sometimes codeine. If these were prescribed, it

will help manage your pain to allow earlier mobilisation and speed up your recovery, whilst preventing complications from lying still.

- Trapped wind – walking around post-operatively will help alleviate trapped wind and encourage your bowels to start moving. Peppermint water can help ease your discomfort.
- Starting to eat and drink – initially you will be offered water, or a cup of tea followed by something light to eat.
- Washing and showering – you should be able to shower or bath the day after your operation. If you have waterproof dressing and water seeps underneath it please replace the dressing. We will give you some spare dressings to take home with you. After 3 days you may leave the scar open. If your scar gets wet just pat it dry with clean disposable tissues/air dry to aid healing.

What are the potential complications of the operation?

Frequent risks

- Urinary problems - such as infections and difficulty passing urine requiring a catheter.
- Wound problems – such as infection or haematoma (collection of blood), altered sensation and scarring.
- Early menopause – sometimes, even when the ovaries are left in place, they may stop working sooner than they otherwise would have, likely due to changes in blood flow after the womb has been removed.

Serious risks (approximately 2 in 100 women affected)

- Injury to the bladder, ureter (tube between kidney and bladder) or bowel.
- Deep vein thrombosis (blood clot) in leg or pelvis which can travel to lungs.
- Blood transfusion if you bleed heavily during the operation.
- Return to theatre.
- Risk of death.

These risks are more common in those with obesity or underling medical conditions or multiple previous operations to the abdomen.

Reducing the risk of blood clots

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

You can help reduce this risk by keeping mobile as soon as you feel able and by keeping well hydrated. Even when at rest you can do foot movements and bend and straighten the legs.

You may be given graduated compression stockings and daily heparin (blood-thinning) injections in hospital and when you go home – if so, you will be advised on the length of time this should be continued.

HRT

If your ovaries have been removed during your operation you may be offered hormone replacement therapy (HRT). This should be discussed with your gynaecologist.

Cervical screening (smear tests)

If you have had a total hysterectomy (removal of uterus and cervix) most women will no longer need to have cervical smears. However, some women will need to have smears from the top of the vagina. Your gynaecologist should inform you if this applies to you.

Enhanced Recovery Programme

- The enhanced recovery programme aims to aid your recovery.
- This includes optimising your health pre-operatively. This may include stopping smoking, losing weight, reducing alcohol intake and also ensuring good control of pre-existing medical conditions such as high blood pressure and asthma.
- After the operation we will remove catheters, drains etc as soon as possible, encourage you to drink and eat as soon as possible, encourage early mobilisation and ensure adequate pain relief to allow this.

When to seek medical advice after your procedure

- Heavy or smelly vaginal bleeding, or fever – possible infection or collection of blood at top of vagina (vault haematoma).
- Burning or stinging when you pass urine – possible urine infection.
- Red and painful skin around the wound – possible wound infection.
- Increasing abdominal pain, abdominal swelling/bloating, sickness, diarrhoea or temperature can be signs of serious complications inside the abdomen and you should seek help immediately if these are worsening.
- Painful, red, swollen, hot leg or shortness of breath or chest pain– possible deep vein thrombosis (DVT) or pulmonary embolism (PE)

Returning to normal activity

- Daily activities and exercise – initially you will get tired very easily and will need lots of rest; however we would encourage you to stay mobile. You should be able to go out for short trips after approx. 1 week and gradually build this up over the

  next few weeks. Your wound/pelvis may ache if you over-do things. You should avoid lifting heavy objects such as shopping bags, children or vacuuming for 3-4 weeks post-operatively. Contact sports or strenuous activities should be avoided for at least 6 weeks.
- Driving – you can start to drive again when you are no longer requiring analgesia with possible sedative effects, can comfortably sit in the car and wear a seatbelt, can safely do an emergency stop and look over your shoulder – this is often about 4 weeks post-operatively. However, if you want to drive before 6

weeks post-operatively you will need to check with your individual insurance company.

- Travel – if you are planning to travel during your recovery you should consider the length of the journey, your comfort and if travelling abroad consider access to medical services and travel insurance should any problems arise.
- Sexual intercourse – it is advised to allow 4-6 weeks for your scars to heal before returning to sexual activity post-operatively, however if you find it uncomfortable then wait a bit longer before trying again and try using a vaginal lubricant.
- Return to work – the majority of women should be fit to return to work after 6 weeks, some may be able to go back sooner with shorter hours or adjusted duties.

Useful Links

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/abdominal-hysterectomy.pdf

Contact Details:

Hinchingbrooke Hospital Huntingdon, PE29 6NT **Procedure Unit** Telephone: 01480 428958 **Daisy Ward** Telephone: 01480 428959	**Peterborough (City Hospital)** **The Emergency Gynaecology Assessment Unit (EGAU)** Women's Health Outpatients, Bretton Gate, PE3 9GZ Telephone: 01733 673758 Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200
For emergencies only, out of these hours, please attend the Emergency Department	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.