



Patient Information: Vaginal Hysterectomy

What will be done?

This procedure will remove the cervix and uterus. Ovaries and tubes may or may not be removed during this procedure, depending on the reasons for the surgery. If the ovaries are removed, you will enter the menopause. A hysterectomy is a major surgical procedure with physical and psychological consequences. A vaginal repair may be performed at the same time (see pamphlet).

Why is this done?

Common reasons include painful or heavy periods, pelvic pain, fibroids or as a part of therapy for cancer. You should have a clear understanding of your reason for this surgery.

What are the alternatives to this treatment?

A number of other conservative interventions may be appropriate for your particular condition will normally have been considered prior to your surgery. Hysterectomy may be performed vaginally, abdominally, laparoscopically or in a combination of the above, each with their specific advantages and risks. Vaginal hysterectomy may reduce your recovery period (including hospital stay), reduce postoperative pain but may be associated with a higher risk of complications, particularly vaginal prolapse and wound collections.

How is this done?

The procedure is normally performed under a general anaesthetic. A drip is inserted into your arm. A catheter (a tube for urine drainage) is inserted after you have been anaesthetised. An incision is made inside the vagina and the uterus and cervix are removed with or without both ovaries and tubes. The procedure itself takes approximately one hour, but you can expect to be in theatre and recovery for up to three hours.

What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. Stop smoking. Should you develop an illness prior to your surgery, please contact our office immediately.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking at the following times on the day of the surgery:

1. at midnight for a morning procedure; or,
2. at 6 am for an afternoon procedure.

You should continue all your usual medications, unless otherwise specified.

You should bring:

- toothbrush / paste / toiletries
- nightgown
- underwear
- sanitary pads
- all usual medications
- all X Rays

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. A drip will be maintained for one to two days and the catheter will normally be removed the following day. You should expect a stay of three to five days in hospital. You will be given specific discharge

medication if required, but you may use panadol or panadeine as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:

- eat and drink normally
- remain mobile
- use sanitary pads (not tampons) if required
- shower normally

You should not:

- have intercourse for 6 weeks
- undertake any heavy lifting or straining for 6 weeks

You should expect some vaginal discharge for several days after the procedure. It is normal to experience some depression after this procedure. You may require up to six weeks off work. You should have returned to normal activity by three months, but full recovery may take longer. After the hysterectomy, you will no longer be menstruating or be able to conceive. Menopause occurs a year earlier on average.

Hysterectomy may result in variable bladder and bowel dysfunction and an increased risk of urogenital prolapse. Statistically, this risk appears to be highest following vaginal hysterectomy. Although studies have not demonstrated any overall changes in sexual function, you may experience some changes in your sex life.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to:

1. the anaesthetic
2. the surgery
 - injuries to bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels, requiring further surgery, blood transfusion or longer admission
3. the recovery period
 - infections of the bladder, wound (internal and external), abdomen or lungs; blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery

Any specific risks and complications will be discussed prior to the procedure.

What if I have any problems?

You should notify the following problems:

- fever or feeling unwell
- offensive vaginal discharge or heavy bleeding
- wound becomes hot, painful or discharges
- intractable nausea or vomiting
- inability to empty your bladder or bowels
- severe pain

Please contact the office on (07) 3332 1999 or attend the Mater Emergency Department if you require urgent attention.