How can I help to reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Vaginal Hysterectomy and Pelvic Floor Repair

Patient information leaflet
If you require a translation or alternative format of this leaflet please call Ward 16B on 01296 4418110/8111
Vaginal Hysterectomy and Pelvic Floor Repair
This leaflet is for women who have been advised to have a vaginal hysterectomy. It outlines the common reasons why this operation is needed, the potential benefits as well as risks associated with this procedure, the recovery, and what to expect when you go home.

What is a vaginal hysterectomy?
Vaginal hysterectomy is an operation to remove a woman’s uterus (womb) and cervix. The operation is carried out through the vagina, hence no cut is made on the abdomen. The womb and the cervix are removed through a cut inside the vagina. The top of the vagina (vault) is closed. This operation is often carried out to help correct a prolapse of the uterus (dropped womb) and may also involve repair of the anterior and posterior walls of the vagina along with strengthening of the important ligaments and muscles of the pelvis.

Vaginal hysterectomy illustration key:
1. removing uterus through vagina
2. pelvic bone
3. bladder
4. fallopian tubes and ovaries

Useful Contact Numbers
Stoke Mandeville Hospital
Ward 16B
01296 418110/ 418111

Other sources of information and help
www.bsug.net : patient information leaflet
www.rcog.org.uk/…/patient information leaflet/pelvic organ prolapse

Women’s Health Concern PO Box 2126 Marlow, Bucks. SL7 2RY http://www.womens-health-concern.org.uk
Tel: 01628 488065
Women’s Health Concern produces information leaflets about hysterectomy, prolapse and associated health conditions.

Hysterectomy Association 60 Redwood House Charlton Down Dorchester, Dorset, DT2 9UH http://www.hysterectomy-association.org.uk
Tel: 08717 811141
Information and support about hysterectomy. The website contains an online discussion area for patients and their families.

NHS Direct Online http://www.nhsdirect.nhs.uk
Information on prolapse, hysterectomy, other options and an online enquiry service.
Cervical smear tests are no longer required after a hysterectomy unless the operation was carried out for certain types of cancer. If this is the case your Gynaecologist will advise you.

**What if I have problems after leaving hospital?**
If you have any problems you should contact your GP in the first instance. If it is urgent, contact your local Casualty Department. Nursing staff on the ward will always be happy to answer any queries that you may have.

**We will arrange to telephone you within 6 weeks of your surgery.** If there are any concerns related to your operation during the recovery period, please see your GP or contact the ward on the telephone number given to you prior to your discharge.

**Please Note:**
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the Surgical Floor.

**Vaginal repair**
If you have a prolapse affecting the front or back wall of the vagina, your surgeon may suggest repairing this at the same time as carrying out the hysterectomy. The additional surgery is called an anterior and / or posterior repair.

The repair operation tightens the wall of the vagina and the pelvic floor muscles. The supporting ligaments of the womb will be attached to the top of the vagina after the hysterectomy to prevent it from happening again. All stitches are dissolvable.

**Anterior (cystocele) repair**  **Posterior (rectocele) repair**

![Anterior (cystocele) repair](image_a)

- **a** Normal vagina
- **b** Posterior prolapse

![Posterior (rectocele) repair](image_b)

- **a** Bladder
- **b** Support tissues
- **Figure 1**
- **a** Normal vagina
- **b** Anterior prolapse
Symptoms:
The common reasons why a woman might be advised to have vaginal hysterectomy include:

- Pelvic support problems due to weakened tissues, resulting in a lump in the vagina or a dragging or pressure sensation from down below. This is known as a prolapse.
- Prolapse can also cause bladder (urgency, stress incontinence, incomplete bladder emptying) or bowel symptoms (difficult defecation).
- Sexual dysfunction or vaginal discomfort / pain.
- Period problems, such as heavy or irregular periods.

Predisposing factors:

- Family history of prolapse.
- Obesity / weight gain.
- Chronic cough / bronchitis.
- Chronic constipation.
- Jobs involving heavy lifting.
- Certain hypermobility disorders.

Management:
Often you will have been advised about other treatments first, such as weight loss, treatment of other medical conditions as mentioned above, pelvic floor exercises, medicines, or support pessaries. The choice of treatment depends on the nature and extent of your condition, affection of your quality of life and of course, your choices.

The pre-operative clinic
A few weeks before your surgery you will be invited to a pre-operative clinic where you will be assessed for surgery. You will be seen by a member of the nursing staff and a doctor who will ask questions about your previous medical history and will arrange for some tests (for example: blood test, ECG,

When can I go home?
After a hysterectomy most women will stay in hospital for approximately 2-4 days but sometimes a longer stay is necessary. Your length of stay will depend upon the type of surgery, any complications, your general health, mobility and how smoothly things go after surgery.

When can I resume intercourse?
We advise that you avoid sexual intercourse for about 6 weeks. This will allow time for internal healing. You may find a lubricating gel helpful which you can buy from the chemist.

Should I exercise?
It is important to continue taking gentle exercise and walking is an excellent example of this. Gradually increase the length of your walks but remember to walk only the distance you can achieve comfortably. Cycling and swimming are equally good. However, we do advise that you avoid heavy lifting and sports for 6-8 weeks after surgery. Then you should be fit enough for normal activities.

When can I go back to work?
Returning to work depends on many different factors and your Gynaecologist and GP should advise you. However, in general you could reasonably plan to return to work 6-8 weeks after your operation if you have a sedentary job, or longer if you have a physically demanding job.

When can I drive?
After four weeks, provided you are comfortable sitting in a car seat and can perform an emergency stop without pain or discomfort, it is safe to drive. We recommend short distances initially, gradually building up to longer journeys. We strongly advise that you check with your insurance company in the first instance, as many companies have strict guidelines and timeframes with regard to driving and liability after major surgery.

Cervical smears
Will I have pain?
Most people experience some pain or discomfort for the first few days and you will be offered pain-relief to ease this. The Anaesthetist will have discussed pain relief options with you before your operation.

You will have a choice of tablets or suppositories to control any pain that you may have. You will be encouraged to take pain relief, as being pain-free will speed up your recovery.

Will I bleed?
After the operation you may have some vaginal bleeding or spotting or brownish loss and you will need to wear a sanitary pad. We advise you not to use tampons. Your vaginal loss should reduce or stop over the next few days and you may have a clear / whitish discharge as sutures (stitches) are healing.

Will I have stitches?
You will have vaginal stitches which are all dissolvable. Threads may come away for up 6-8 weeks, which is quite normal.

How can I cough?
If you need to cough your stitches won’t come undone. You will be wearing a sanitary towel and coughing will hurt less if you press firmly on your pad to give support between your legs.

Recovery
You may feel tired, emotionally low or tearful. It is not unusual to have these feelings after a hysterectomy. You may feel tired for up to 6-8 weeks. Although vaginal surgery does not produce a visible scar, this does not shorten the healing process. The body needs time to build new cells and repair itself.

chest X-ray). They will tell you about your admission, the operation itself and your care before and after the operation. This is the time to ask any questions you may have or to raise any concerns.

Before you come into hospital
Plan ahead
When you come out of hospital you are going to need help at home for the first two weeks.

Smoking
If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation and speed up the recovery time.

Medicines
Some medicines need to be stopped or altered before the operation. You should check this with your GP. You will be informed about this during your pre-operative check appointment.

Other problems
If you are menstruating or are due to be menstruating at the time of your operation - don’t worry. Unless you have particular objection it is usually still possible to proceed.

Please inform us if you are, or think you could be pregnant as it is essential that the procedure is not carried out. If your period is late or there is a possibility of pregnancy then a pregnancy test can be carried out before your operation. If doubt still remains then the operation will be postponed.

On the day of surgery
- You will be asked to come to the hospital in the morning on the same day as your operation.
- You must not eat or drink anything from midnight the night before your operation.
You will be seen by the Surgeon, who will explain what will happen during the operation and the risks associated with it.

You will be asked to sign a consent form which gives us permission to perform the operation, if you have not already done so.

You will have an opportunity to ask any further questions.

You will meet the Anaesthetist before your surgery and will have the opportunity to ask any questions you may have about the anaesthetic.

Most hysterectomies are done whilst you are asleep under a general anaesthetic. A regional anaesthetic (spinal) is an alternative, where feeling is blocked out in the lower part of your body. Regional anaesthetics are sometimes advised if you have heart disease or breathing difficulties. The Anaesthetist will discuss which is the most appropriate for you.

Please tell the Anaesthetist about any chest troubles, dental treatment, any previous anaesthetics you have had and also about any anaesthetic problems within the family.

Risks of vaginal hysterectomy
Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding the right treatment for you.

The risks are:

- Excessive bleeding. This may occur during or after the operation (about 1 in 100 women), requiring a blood transfusion or return to theatre.

- Infection – which may affect the operation site, bladder or lungs. A dose of antibiotics is given through your vein at the beginning of the operation to cover you from the infection. Most infections are easily treated with a course of antibiotics but on a rare occasion, it can be more severe.

- Damage to the bladder or one of the tubes that drain into the kidneys (the ureters): 1 in 150 women.

- Very rarely, damage to the bowel: 1 in 2,500 women.

- Deep vein thrombosis (DVT). This is the formation of a blood clot in a leg vein. This occurs in 1 in 250 women. A clot can then move to the lungs causing a very serious condition called pulmonary embolism (PE). Preventative treatment (a blood thinning injection and stockings) will be given to reduce the risk of DVT or PE.

- Abdominal incision (cut). Although the aim is to do the surgery through the vagina, sometimes this is not possible. There is an extremely rare risk of an emergency cut on the abdomen in the event of complications such as excessive bleeding.

Although vaginal hysterectomy is a relatively safe operation and serious complications are not very common, it is still a major surgery. You and your doctor must together weigh the benefits and risks of surgery, giving consideration to alternative treatments.

After the operation
After the operation you will be taken to the recovery room. Once you are awake, you will be taken back to the ward. You are likely to be sleepy for the rest of the day. You may have:

- A mask supplying oxygen;

- A narrow tube into your vein to replace lost fluids;

- A catheter (tube) draining the urine from your bladder. This is normally removed after a day or two, when you are able to go to the toilet yourself;

- A swab dressing in your vagina. This is usually removed the next day.