



VAGINAL HYSTERECTOMY

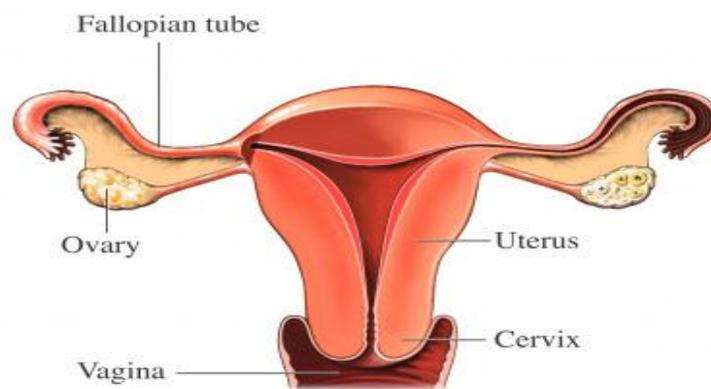
Date of Surgery _____

Please bring this booklet on the day of your surgery.

QHC#459

Vaginal Hysterectomy is the surgical removal of the uterus and cervix through the vagina. A hysterectomy may be done to relieve symptoms caused by several conditions:

- Endometriosis (tissue that lines the uterus travels outside the uterus to other interabdominal surfaces)
- Fibroid (noncancerous growth in the wall of the uterus)
- Uterine prolapse (muscles that hold the uterus become weak making the uterus sag into the vagina)
- P.I.D. (pelvic inflammatory disease – a widespread infection of the pelvic organs)
- Abnormal uterine bleeding (may be caused by fibroids, hormonal change, infection or cancer)
- Chronic pelvic pain
- Abnormal cell growth in the uterus that may include pre-cancerous and/or cancerous growths



The Day of Your Surgery

Arrive at the hospital to be registered at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the operating room. The Anaesthetist will administer an anaesthetic. The most common types of anaesthesia for vaginal hysterectomy surgery are general anaesthesia (which puts you to sleep) or spinal anaesthesia (which allows you to be awake but anaesthetizes your body from the waist down). The length of surgery is approximately 1-3 hours.

After Surgery

You will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes. Intravenous is given for fluids and medications. It will be removed when drinking well. You may have vaginal packing (applies gentle pressure to the vagina to reduce bleeding) or a drain into the vagina (drains any blood). This is usually removed the day after surgery. A catheter may be in the bladder to drain urine. It is usually removed the day after the operation. It is important that you pass urine on your own and your urine output will be monitored. The first few days you will feel tired and may want to request that only close family members and friends visit and to keep visits quite short. At first, you will be helped to do most things by the nurses. After the first few days, the amount of nursing care you receive generally decreases as you become more independent.

Pain

Your doctor will prescribe pain medication either by injection and/or tablet. It is normal to have discomfort / pain after your surgery. It is important to keep the pain under control. Please let your nurse know if you are uncomfortable.

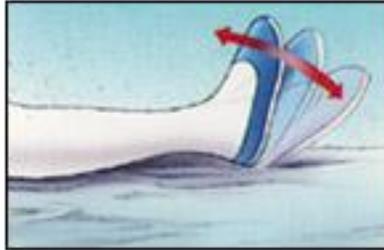
Nutrition

After surgery, you may have nausea or vomiting. Anti-nausea medication may be given to control this. You will be able to increase your diet, as your condition permits, starting with ice chips and clear fluids as tolerated. Specific diets may be ordered according to your health and cultural needs. A healthy diet promotes wound healing and helps to prevent constipation. High fiber foods such as grains, fruits and vegetables should be eaten to improve your bowel function. Occasionally, a mild laxative may be needed.

Activity

Deep breathing and coughing are very important to help prevent lung congestion or pneumonia. Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice. It is helpful to support your incision with your hands or pillow while coughing. Do this 10 times every hour while awake. A breathing device, called an incentive spirometer, may also be taught and used.

Leg and foot exercises (i.e. moving your feet up and down and in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots.



Early ambulation hastens recovery. You will start by sitting on the side of the bed and progress to short walks with assistance. As your strength returns, you will be able to get up on your own. Ask for help as needed.

Average length of stay in the hospital is 2-3 days. Have someone available to stay with you for a few days when you get home. Keep stress levels down and let others help you when and where needed.

Guidelines at Home

You may have bleeding or spotting. Use sanitary pads. Do not use tampons. Do not douche.

You may shower or bathe as desired.

Take pain medication as needed and any other prescribed medication as directed.

Guidelines at Home

You will no longer have monthly periods and can no longer get pregnant. Birth control is not necessary. If the ovaries are removed, hormone replacement therapy may be recommended. Your doctor will discuss this with you.

Avoid heavy lifting for 4-6 weeks. Slowly increase your activity being careful not to overdo it. If you are tired or having discomfort, stop what you are doing and rest. A daily activity, such as a walk, is recommended as tolerated.

Sexual intercourse should be avoided for 6 weeks after surgery to allow for healing. If vaginal dryness occurs, talk to your doctor. In the meantime, vaginal lubricants are available at any pharmacy.

Take care of yourself emotionally. Your emotional state may be affected. You may feel down about the changes created in your body. Talk to your doctor about your concerns and get support from those close to you. You can expect a 4 to 6 week recovery period.



Call your doctor or go to the nearest Emergency Department if you have:

- Any signs of infection, including fever, increased redness along incision or drainage
- Difficulty emptying your bladder or passing small amounts of urine often
- Unusual cough, shortness of breath or chest pain
- Leg tenderness or redness in the calf
- Pain not controlled by prescribed medication

Appointment

Call your surgeon's office to make a follow-up appointment after discharge.

Special Instructions

Questions?

Developed by: Surgical Services, 2003

Approved by: Department of Gynaecology, Quinte Health Care

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