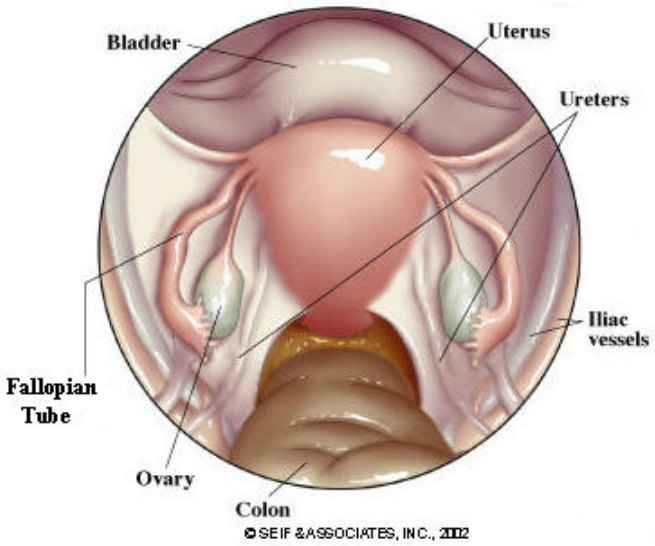
Hysterectomy

A hysterectomy is a procedure where your womb (*uterus*) is surgically taken out. It will no longer be possible to have menstrual periods or to become pregnant. Removal of the tubes and ovaries (*bilateral salpingo-oopherectomy*) can be done during this operation as well.

- An *abdominal hysterectomy* is done through a large cut (*incision*) in the abdomen made by the surgeon.
- A *vaginal hysterectomy* is done through the vagina. There are no abdominal incisions, but there will be incisions on the inside of the vagina.
- A *laparoscopic assisted vaginal hysterectomy* is done through 2 or 3 small incisions in the abdomen, but the uterus is removed and passed through the vagina.



Women who are going to have a hysterectomy should be tested first to make sure there is no cancer of the cervix or in the uterus.

INDICATIONS FOR HYSTERECTOMY:

- Persistent abnormal bleeding.
- Lasting (*chronic*) pelvic pain.
- Endometriosis. This is when the lining of the uterus (*endometrium*) is misplaced outside of its normal location.
- Adenomyosis. This is when the endometrium tissue grows in the muscle of the uterus.
- Uterine prolapse. This is when the uterus falls down into the vagina.
- Cancer of the uterus or cervix that requires a radical hysterectomy, removal of the uterus, tubes, ovaries and surrounding lymph nodes.

RISKS

All surgeries can have risks. Some of these risks are:

- A lot of bleeding.
- Injury to surrounding organs.
- Infection.
- Blood clots of the leg, heart or lung.
- Problems with anesthesia.
- Early menopause.

BEFORE SURGERY

- **Do not** take aspirin or blood thinners for a week before surgery, or as directed by your caregiver.
- **Do not** eat or drink anything after midnight the night before surgery, or as directed by your caregiver.
- Let your caregiver know if you get a cold or other infectious problems before surgery.
- If you are being admitted the day of surgery, you should be present one hour before your procedure or as told by your caregiver. Check in at the admissions desk for filling out necessary forms if you are not preregistered. There may be consent forms to sign prior to the procedure. If friends or family come with you, there is a waiting area for them while you are having your procedure.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies (especially to medicines).
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Past problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Past surgery.
- Other health problems.

PROCEDURE

- An IV (*intravenous*) will be placed in your arm. You will be given a drug to make you sleep (*anesthetic*) during surgery. You may be given a shot in the spine (*spinal anesthesia*) that will numb your body from the waist down. This will keep you pain free during surgery.
- When you wake from surgery, you will have the IV and a long, narrow, hollow tube (*Foley catheter*) draining the bladder for one or two days after surgery. This will make passing your urine easier. It also helps by keeping your bladder empty during surgery.
- After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you wake up, stable and taking fluids well, without other problems, you will be allowed to return to your room. Usually you will remain in the hospital 3 to 5 days. You may be given an medicine that kills germs (*antibiotic*) during and after the surgery and when you go home. Pain medication will be ordered by your caregiver while you are in the hospital and when you go home.

HOME CARE INSTRUCTIONS

Healing will take time. You will have discomfort, tenderness, swelling and bruising at the operative site for a couple of weeks. This is normal and will get better as time goes on.

- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- **Do not** drive when taking pain medication.
- Follow your caregiver's advice regarding diet, exercise, lifting, driving and general activities.
- Resume your usual diet as directed and allowed.
- Get plenty of rest and sleep.
- **Do not** douche, use tampons, or have sexual intercourse until your caregiver gives you permission.
- Change your bandages (*dressings*) as directed.
- Take your temperature twice a day. Write it down.
- Your caregiver may recommend showers instead of baths for a few weeks.
- **Do not** drink alcohol until your caregiver gives you permission.
- If you develop constipation, you may take a mild laxative with your caregiver's permission. Bran foods and drinking fluids helps with constipation problems.
- Try to have someone home with you for a week or two to help with the household activities.
- Make sure you and your family understands everything about your operation and recovery.
- **Do not** sign any legal documents until you feel normal again.
- Keep all your follow-up appointments as recommended by your caregiver.

SEEK MEDICAL CARE IF:

- There is swelling, redness or increasing pain in the wound area.
- Pus is coming from the wound.
- You notice a bad smell from the wound or surgical dressing.
- You have pain, redness and swelling from the intravenous site.
- The wound is breaking open (the edges are not staying together).
- You feel dizzy or feel like fainting.
- You develop pain or bleeding when you urinate.
- You develop diarrhea.
- You develop nausea and vomiting.
- You develop abnormal vaginal discharge.

- You develop a rash.
- You have any type of abnormal reaction or develop an allergy to your medication.
- You need stronger pain medication for your pain.

SEEK IMMEDIATE MEDICAL CARE:

- You develop a temperature of 100º F (37.8º C) or higher.
- You develop abdominal pain.
- You develop chest pain.
- You develop shortness of breath.
- You pass out.
- You develop pain, swelling or redness of your leg.
- You develop heavy vaginal bleeding with or without blood clots.

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