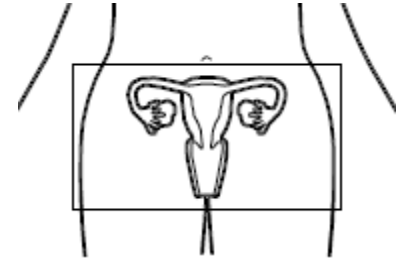


North Bay Regional Health Centre

Surgical Care Centre Hysterectomy Surgery

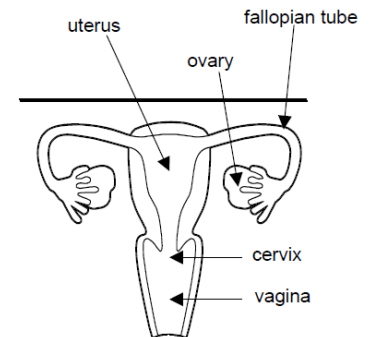
A **hysterectomy** is an operation that removes your uterus. There are 4 different types of hysterectomy surgeries.

Abdominal Hysterectomy: The uterus is removed through an incision in the abdomen. This is also sometimes referred to as an “Open” procedure.



Vaginal Hysterectomy: The uterus is removed through an incision in the vagina.

Laparoscopic Total Hysterectomy (LTH): The doctor inserts a tiny camera and tools through small openings in the belly. Through an incision, gas (CO₂) is put into the abdomen. The gas inflates the abdomen so that the body parts can be seen. A small telescope is inserted in your belly button or just above it. The surgeon can see inside your body through the telescope.



Laparoscopic Assisted Vaginal Hysterectomy (LAVH): The surgeon makes several tiny incisions in your belly, and with the aid of a laparoscope removes the uterus through the vagina.

During a hysterectomy, doctors sometimes also remove the:

Cervix: If the cervix is removed, it is called a total hysterectomy. If the cervix is left in place, it is called a subtotal hysterectomy.

Ovaries and Fallopian Tubes: Bilateral salpingo-oophorectomy, is the removal of the tubes and ovaries. “Salpingo” refers to the fallopian tube(s), which carry eggs from the ovaries to the uterus. Oophorectomy is removing an ovary (or ovaries). The ovaries are the organs that make eggs and female hormones, including estrogen and progesterone. The hormones made by the ovaries help keep bones healthy and are important for other aspects of health. Women who have their ovaries removed may need to take hormone pills.

Planning ahead for your surgery: In order to prepare for your recovery after surgery, you should plan ahead by:

1. Making sure that you know who is going to bring you home from the hospital as you will not be able to drive yourself home from the hospital.
2. Making sure that everything is ready for you when you get home. You will need some help with driving to appointments, house/yard work, child and pet care, and meal preparation. Filling your freezer and cupboards with easy to prepare meals is very helpful.

Your Pre-Admission Clinic Visit: You will be seen by a nurse in the pre-admission clinic before your surgery. We will learn more about you and your health, and you will learn more about your surgery.

A pre-admission nurse will go over the following with you:

- This booklet (be sure to bring it with you)
- Medical history
- Medications and instructions before surgery (please bring all your medications with you to the clinic)
- When you should stop eating and drinking before your surgery
- Any special instructions you need to follow on the day of surgery



Day of Surgery

Things to bring to the hospital include:

- OHIP/Health card and insurance information
- All medications you take (including puffers, vitamins, eye drops, creams)
- A bathrobe and non-slip slippers or shoes
- Reading glasses in a case (be sure to label them with your name)
- Magazines or books to read or your electronic device
- Personal hygiene items (toothbrush, toothpaste, hair brush, lip balm etc.)
- A sleep apnea machine if you use it for sleeping (be sure to label it with your name)
- Bring antiembolic (TED) stockings if you received a prescription from your surgeon
- Leave all valuables (jewelry, money) at home and remember to remove all make-up, nail polish, and piercings before coming to hospital.

After Surgery – what you can expect

Discharge Home:

Laparoscopic Total Hysterectomy Surgery (LTH) – you usually go home the same day as your surgery but there are times when you may need to spend 1 night in hospital.

Abdominal, Vaginal, or Laparoscopic Assisted Vaginal Hysterectomy: you should be prepared to stay in the hospital 1-2 nights.

Pain Control: Women feel pain after surgery in different ways. Most women feel bloated and a sense that their insides feel bruised for a few days after surgery. Your physician will prescribe medications that will help relieve any post-operative discomfort before you leave the hospital.

You can relieve pain by:

- Drinking warm fluids
- Moving around and walking
- Any method of relaxation, such as listening to music or deep breathing

Incision Care: most often glue and/or sutures will be used to close your skin at the incision site.

Glue and sutures: Will dissolve with time and do not need to be removed.

Staples: If staples were used to close your skin, a healthcare provider will need to remove the staples in 10 to 14 days. A follow up appointment with your family doctor or healthcare provider to have the staples removed will be provided before you are discharged from hospital after your surgery.

Bandages: Must remain clean and dry and may be removed in 2-5 days.



Activity: For several days after your surgery, your activity will be less than normal. Do light activities during the first week after surgery.

Do not do activities that use a lot of your stomach muscles for to 4 weeks after surgery. These include:

- Heavy lifting – greater than 4 kg or 10 lbs
- Vacuuming or pushing a lawn mower



3

- Weight training
- High impact sports

Time off work: The length of time off work depends on the type of surgery you have, how well you are recovering and the kind of work you do. Talk with your doctor about when you can return to work.

Sex: You should not have sexual intercourse until your doctor has examined how you are healing after surgery.

Going to the washroom:

- A tube called a catheter may be in your bladder to drain urine during the surgery. This will be removed as per doctor's instructions. If you have trouble emptying your bladder, you may continue to need a catheter.
- Your surgeon may give you medication to keep your stool soft or to help you move your bowels after surgery.

Vaginal bleeding: The nurses will check for vaginal bleeding before you leave the hospital. Some vaginal bleeding and spotting is normal for up to 4 to 5 weeks after surgery. The bleeding should be less than a heavy period. The amount of discharge should gradually decrease. Do not use tampons until after your follow-up appointment with your doctor.

Diet:

Eating: Slowly return to your normal diet over a few days. Drink plenty of fluids. Healthy eating can help give you energy and strength and will help your body heal.



Chewing Gum: Chewing gum will help your bowels start to work again. You may be instructed to chew one piece of gum for five minutes 3 times per day.



References: ERAS Society
Univ of Mich
Up to date

© Hamilton Health Sciences, 2009

PD 6501 - 03/2009 dt/March 16, 2009 dpc/Irgbk/LaparoscopicHysterectomy-th.doc

Contributors: Physicians: Dr. L. Elit, Dr. F. Moens, Dr. J. Mazurka, Dr. J. Hauspy

Nurses: Heidi Thomas, Kathy Huhtala, Maureen Graham **Medical Secretary:** Joanne Collina, Paula Dunn **Patient Education Services,** Hamilton Health Sciences

*** This document contains general information which cannot be construed as specific advice to an individual patient. All statements in the flyer must be interpreted by your personal Physician or therapist who has the knowledge of the stage and the extent of your particular medical condition. Any reference throughout the document on specific pharmaceutical products does not imply endorsement of any of these products. Please visit our website at www.nbrhc.on.ca