



Operation Information

Abdominal Hysterectomy

Introduction

Abdominal Hysterectomy is an operation to remove the uterus through an incision in the abdomen. It is performed to treat different gynecological problems such as uterine fibroids, endometriosis, abnormal vaginal bleeding, uterine prolapse, gynecological cancer and chronic pelvic pain etc.

There are three common types of abdominal hysterectomy which include Total Hysterectomy, Subtotal Hysterectomy and Total hysterectomy with Bilateral Salpingo-oophorectomy. Please discuss with your surgeon for the most appropriate plan for your best option of operation and treatment plan.

- I. (a) Total hysterectomy (TAH)—the entire uterus, including the *cervix*, is removed.
(b) Radical hysterectomy (Wertheim's hysterectomy)—this is a total hysterectomy that also includes removal of structures around the uterus, cervix, supporting tissues and lymph nodes. It may be recommended if cancer is diagnosed or suspected.
- II. Supracervical (also called subtotal or partial) hysterectomy—the upper part of the uterus is removed, but the *cervix* is left in place.
- III. Total hysterectomy with bilateral salpingo-oophorectomy (TAHBSO) is the surgical removal of uterus, cervix, both ovaries and both fallopian tubes.

Outcomes

Once the affected uterus is removed, your menstrual cycle will cease and you will be unable to become pregnant. Some women may experience early menopause symptoms such as hot flushes, anxiety, mood swings, sweating and vaginal dryness etc. If the ovaries are removed during the operation, Hormone Replacement Therapy (HRT) may be used to relieve these symptoms.

Procedures

1. The operation can be performed under general anaesthesia.
2. An incision is made in the abdomen. A vertical incision is usually made if there are large fibroids in the uterus or for some types of cancer.
3. The uterus is removed.
4. Ovaries, fallopian tubes, cervix, supporting tissues and lymph nodes may be removed if necessary.
5. The wound is closed with stitches.

Possible Risks and Complications

1. Haemorrhage which may require blood transfusion
2. Damage to the bladder, bowel or ureter which may require further investigation or operation
3. Damage to large vessels/nerve
4. Infection, such as pelvic or wound infection
5. Deep Vein Thrombosis or post operative ileus
6. Secondary haemorrhage or vault haematoma
7. Breathing or heart problems related to anaesthesia

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Shaving on the operation site may require and nurse will supply surgical soap to you for washing the operation site as necessary.
5. No food or drink six hours before operation.
6. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You may be placed on a device that provides pain medication whenever you press a demand button (called a PCA, or Patient Controlled Analgesia) if needed.
4. A catheter is inserted into the bladder to empty the urine. It will be removed before discharge.
5. Showering is allowed as soon as you feel well. The wound must be kept clean and dry afterwards.
6. Usually, you can be discharged 4-5 days after the operation.

Wound Care

1. The wound is covered with a sterile dressing which must be kept clean and dry.
2. The stitches/ staples will be removed 5 – 7 days after the operation. (If applicable)
3. The drain(s) will be removed few days after the operation vary your condition.

Diet

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.
2. Drinking plenty of water in conjunction with a fiber-rich diet can reduce urinary tract infection and constipation.

Activities

Early mobilization is encouraged to prevent deep vein thrombosis. Therefore, short walk is encouraged.

Advices on Discharge

1. The recovery time may take 4 – 6 weeks.
2. Do not put anything in your vagina during the first 6 weeks. That includes douching, having sex, and using tampons.
3. Please comply with the medications regime as prescribed by your doctor.
4. Bloody light vaginal discharge/ spotting within a month are normal.

5. Stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6 – 8 weeks.
6. Short walks are encouraged to promote blood circulation and reduce the risk of complications developing.
7. Immediately consult your doctor or return to hospital for medical attention in the event of massive vaginal bleeding, increasing, abdominal pain (pelvic cramps), passing blood clots, offensive-smelling discharge, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification