



## Operation Information

### Wertheim's Hysterectomy

#### Introduction

Wertheim's Hysterectomy, also called radical hysterectomy aims to remove cervical cancer. It is an operation to remove the cervix, the uterus, the upper part of the vagina, the lymph nodes around the uterus and the tissues holding the uterus in place. The ovaries are usually not removed unless there are some other medical reasons to do so.

This surgery is usually done with an open surgery (through a larger abdominal incision). It is also an option for a small specific group of patients with early stage of cancer to do the operation with a minimally invasive laparoscopic surgery (through several tiny abdominal incisions), which results in less pain and less blood loss during the operation. However, patients having minimally invasive radical hysterectomies for cervical cancer have higher chance of recurrence than those who have open surgery. Please discuss with your doctor to see which type of the operations works best for you.



#### Outcomes

Once the operation has been completed, problems related to cervical cancer may be cured or improved, your menstrual cycle will cease and you will be unable to become pregnant. If the ovaries are removed during the operation, you will experience early menopause symptoms such as hot flushes, anxiety, mood swings, sweating and vaginal dryness. In this case, you may need to have Hormone Replacement Therapy (HRT) to relieve these symptoms.

#### Procedures

1. The operation is performed under general anaesthesia.
2. A urinary catheter is inserted to drain urine.
3. An incision(s) is made on the abdomen.
  - Open Surgery
    - A linear incision is made on the abdomen.
  - Laparoscopic Surgery
    - Up to 5 tiny incisions are made in the lower abdominal wall.
4. The cervix, the uterus, the upper part of the vagina, the lymph nodes around the uterus and the tissues holding the uterus in place are removed. Depending on the individual situations, the ovaries may be removed as well.
  - Open Surgery
    - The removal procedure is performed through the linear incision.
  - Laparoscopic Surgery
    - A laparoscope and laparoscopic instruments are inserted through the tiny incisions.
    - The removal procedure is performed with the laparoscopic instruments.
5. The wound(s) is sutured with stitches or staples, and covered with sterile dressing(s).
6. The removed tissues are sent to Pathology Department for analysis.

## **Possible Risks and Complications**

1. Haemorrhage
2. Infection, such as pelvic or wound infection
3. Damage to the nearby organs, such as bladder, bowel or ureters
4. Difficulty in urination which may require long-term catheterization
5. Lymphoedema
6. Numbness around the wound and the tops of legs
7. Secondary haemorrhage, pelvic haematoma or lymphocele
8. Deep vein thrombosis and pulmonary embolism
9. Post-operative ileus
10. Uretero-vaginal fistula

\*\* 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 from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine tests may be performed if necessary.
4. Good hygiene can prevent surgical wound infection. Please clean up yourself on the day of operation.
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 including 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. The urinary catheter will be removed few days later.
4. The hospital stay may vary with the conditions of the patient and the type of hysterectomy.

### Wound Care

1. Wound(s) is covered with sterile dressing. Keep the dressing clean and dry.
2. Stitches (or staples) will be removed or dissolved in 2 weeks.

### Activities

1. You are advised to practice deep breathing exercise and gentle leg exercises to reduce complications after the operation.
2. A small amount of gas used to inflate your abdomen usually remains inside the abdomen after the laparoscopic operation, which may cause:
  - Bloating

- Abdominal cramps
- Shoulder pain, as the gas may irritate the diaphragm connecting to nerves which affect sensation of the shoulder.

Early mobilization may reduce those symptoms.

### 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 stimulate movement of the bowel and prevent constipation.

### **Advice on Discharge**

1. Pain and discomfort in the lower abdomen for first few days are normal. Prescribed pain medication may be taken as needed.
2. The area around the wound may be numb for several months. It will resolve gradually.
3. You may experience mild vaginal bleeding for 1 – 2 weeks. Tampons, douching and sexual intercourse should be avoided until the bleeding has completely stopped.
4. You can take a shower as normal, please avoid bathing until vaginal discharge has stopped. The waterproof sterile dressing and surrounding skin must be pat dry afterwards.
5. Gentle activities can be resumed after one week.
6. Heavy lifting, strenuous exercises and standing for a long time should be avoided for 6 – 8 weeks.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, offensive-smelling vaginal discharge, increasing abdominal pain (pelvic cramps) or distention, bleeding or purulent discharge from abdominal wound, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
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.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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