



## Operation Information

### Vaginal Hysterectomy

#### Introduction

Vaginal Hysterectomy is an operation to remove the uterus through the vagina. It is performed mainly to treat uterine prolapse or other genital prolapse.

#### Outcomes

The expected outcome of this procedure is to remove the uterus in order to treat the gynecological problems. Once the operation has been completed, your menstrual cycle will cease and you will be unable to become pregnant. The recovery time for this operation is usually less than an abdominal hysterectomy and the scars from vaginal hysterectomy are not visible as they are internal.

#### Procedures

1. The operation can be performed under regional or general anaesthesia.
2. An incision is made in the top of the vagina.
3. Surgical instruments are inserted into the vagina to detach the uterus.
4. The uterus and cervix are removed.
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
4. Infection, such as pelvic or wound infection
5. Venous Thromboembolism (VTE)
6. Secondary haemorrhage
7. Post operative ileus
8. Vault haematoma

\*\* 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 surgical wound 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. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. You may have a blood test, cross match, ultrasound and heart tracing (ECG) before the operation if needed.

5. No food or drink six hours before operation. (For general anaesthesia only)
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. An indwelling urinary catheter is inserted into the bladder to empty the urine. It will be removed before discharge.
4. Showering is allowed as soon as you feel well.
5. You can usually be discharged 4 days after the operation.
6. Small amount of vaginal bleeding is common and may persist up to 2-3 weeks.

### **Wound Care**

1. The gauze vaginal pack reduces bleeding. These are usually removed on the day after the operation.

### **Diet**

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.

### **Activities**

1. Early mobilization is encouraged to prevent venous thromboembolism.
2. You should be fit enough to do light activities but stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6-8 weeks.

## **Advices on Discharge**

1. The recovery time may take 3-4 weeks.
2. Prescribed pain medication may be taken as needed.
3. Some vaginal discharge within a week is normal.
4. You can take a bath or shower as normal, please avoid long soaks in the bath and bubble baths until your discharge has stopped.
5. Short walks are encouraged to promote blood circulation and reduce the risk of complications developing.
6. Tampons and douching should be avoided if there is still vaginal bleeding or discharge present.
7. Sexual intercourse should be avoided for at least 6 weeks after the operation.
8. All stitches are internal and usually dissolve a few weeks after the operation.
9. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, increasing abdominal pain (pelvic cramps), passing blood clots, offensive-smelling discharge, burning or stinging on passing urine, swelling or pain or redness in the legs, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
10. 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

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

