Abdominal hysterectomy

This leaflet provides information about your abdominal hysterectomy and gives you a clear idea of what will happen to you during and after surgery.

What is an abdominal hysterectomy?

It is a major operation to remove the womb (uterus) via a cut (incision) on the abdomen.

More than 1,000 women have a hysterectomy every week in the UK so it's quite a common operation. It is a different experience for everyone, so it is important you have as much information as possible before surgery.

Why do you need a hysterectomy?

This might be because you have:

- period problems, particularly heavy periods
- fibroids - smooth muscle growths on the womb, that are benign (not cancerous)
- pain in certain cases
- endometriosis - a condition that can cause pelvic pain
- cancer of the womb, cervix or ovaries

Sometimes the ovaries and fallopian tubes are removed at the same time.

Should you have your ovaries removed?

This depends on the reason for your hysterectomy and also your age and menopausal status. Removing your ovaries may be recommended if you have ovarian cysts, endometriosis or cancer. Otherwise, it will depend on a full discussion and partnership decision with your doctor/gynaecologist.

What are the advantages and disadvantages of having your ovaries removed?

By removing your ovaries, they won't cause you any problems in the future. But you'll become menopausal if you weren't already before surgery. You'd need to consider if you want to use hormone replacement therapy (HRT).

This is usually straight forward but doesn't suit a small proportion of women. There's also the option of non-hormonal treatment and some complimentary (natural) alternative medicines.

Should you have your cervix removed?

This depends on the reason for your hysterectomy. We will discuss the options with you. We'll only leave it if your cervical smears have been normal.

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What are the advantages and disadvantages of having your cervix removed?

For the majority of women, you will no longer need cervical smear tests, but a small number of women may need vault (top of the vagina) smears. Studies have suggested an inconclusive impact on sexual pleasure when the cervix is removed or retained. (A very large review of all the studies showed no significant change).

If your cervix is left intact, you may have a monthly blood-stained loss and still need cervical smear tests. The cervix can be more difficult to remove, if necessary, at a later date.

You will have an opportunity to discuss removal of your cervix with your gynaecologist before the operation.

What happens before the operation?

You will be seen in an outpatient pre-assessment clinic a few weeks before the operation. This is to make sure you're fit for the operation. We'll do routine blood tests and sometimes other investigations such as an ECG (heart trace) or chest x-ray if you have certain medical problems.

During your appointment which usually takes about an hour you can discuss your operation and aftercare with medical and ward nursing staff.

If you are a smoker, please try to stop as early as possible before your surgery. It makes a difference to your recovery and reduces complications.
You may also need to consider arrangements for your family or other commitments you may have.

What should you do if you are having a period or think you might be pregnant?

If you are having a period or due to have a period at the time of your operation, don't worry, this does not stop you having surgery.

Tell us if you are or think you could be pregnant. If your period is late or there's a possibility of pregnancy, then a pregnancy test will be done preoperatively. If you are pregnant or if doubt still remains, we will postpone the operation.

How long will you have to stay in hospital for the operation?

This depends on a number of things but an average stay in the ward after surgery would be about 2 to 4 days.

What happens when you come into hospital?

You will be admitted you on the same day of your operation.

Before the operation you will be seen by a gynaecologist and an anaesthetist. If relevant you

will be asked about the date of your last period. They will explain the procedure again, answer any questions you have and confirm your formal written / electronic consent to the procedure.

A pregnancy test may be carried out.

The anaesthetist will discuss the type of anaesthetic with you and the method of postoperative pain relief. This may be patient controlled analgesia, for example pain relief medication through a pump, or an epidural.

We will advise use of anticoagulant injections, to thin your blood to minimise the risk of blood clots, after the operation.

The operation is usually performed under general anaesthesia. You'll go to the operating anaesthetic room accompanied by a member of the ward nursing staff. This is where the anaesthetist will give you your anaesthetic before transferring you into the operating theatre.

What does the operation involve?

The surgeon will make a short horizontal cut along your bikini line. Sometimes they may need to make a longer vertical incision if your womb is large or to allow better access to your pelvis.

During the operation the surgeon will remove your uterus from the pelvis in a number of steps. These includes separating the bladder from the uterus and tying off important blood vessels to prevent bleeding. The last step is to close the small gap left at the top of the vagina with stitches. The neck of womb (cervix) is part of the uterus and is usually removed with it.

During the operation the surgeon will check your ovaries and fallopian tubes. In some cases, they may be removed.

You usually will have a tube (catheter) placed into your bladder to keep this empty during the operation. Your surgeon may also leave a small plastic drain inside your abdomen, running out to a small bag or bottle by your bedside. It may come through the abdomen or down through the vagina.

The drain will help remove any small collection of blood and tissue fluid, which can collect near the site of surgery. This helps to prevent deep wound bruising and will warn us of ongoing bleeding. We will normally remove this after 24 hours.

The surgeon will close your abdominal wall together in several layers with stitches and place a dressing over the wound.

What else happens?

You will be given antibiotics during your surgery to reduce the risk of infection complicating your recovery.

We will send your uterus (plus ovaries and tubes if removed) for detailed examination in the pathology laboratory to rule out any serious disease. We do this even when we don't suspect

anything serious.

How long will the surgery take?

It may take between 1 to 2 hours.

After the operation, you will be taken to the recovery area until you have recovered from your anaesthetic. You will be transferred to the ward when we are satisfied that you have good pain control, and your general condition is satisfactory.

How will you feel afterwards?

After your anaesthetic you will probably feel sleepy. Everyone responds in a slightly different way and some patients feel sick. You may have some abdominal discomfort and soreness in your back and/or bottom. The nursing staff will make sure you have effective pain relief during your recovery to keep pain under control.

If you need more pain relief, tell the nursing staff. You will spend most of the first day after surgery in bed. As soon as possible, you will be sat out of bed and gradually mobilised over the next 24 to 48 hours.

If you have a catheter and/or drain, these will usually be removed after 24 to 48 hours.

You'll feel much more comfortable after the first 24 to 48 hours. By then your appetite will probably be back to normal, you'll be more mobile and having a shower can be very helpful.

What happens while you're recovering in hospital?

You will have a routine blood test to check your blood count the day after your surgery to check you're not anaemic.

Sometimes we will take a urine test to investigate if you have symptoms suggesting a urine infection (cystitis). This sometimes happens after gynaecological surgery.

Your bowel action may be a little upset with some constipation for a day or so. This is often associated with trapped wind which can be quite uncomfortable. Both of these problems usually resolve themselves, although some women may need a laxative to help bowel movement.

You may have some vaginal blood loss to begin with, but this usually settles down while you're in hospital. Some women have bleeding for several days after surgery. Use sanitary towels/pads. Don't use tampons as this will increase the risk of infection.

What happens to your wound?

Your abdominal wound is repaired in several layers using stitches. The deeper stitches usually dissolve in 4 to 6 weeks. If metal staples or several individual stitches are used to close the skin these will be removed after 4 to 7 days. Usually, the skin stitch used is absorbable and

does need removing.

What can you expect when you go home?

You will still have some discomfort. And you will be discharged from the ward with pain relief which you can take as recommended. It will also be useful to have a supply of pain relief at home such as paracetamol or ibuprofen. Follow the manufacturer's instructions.

After the bleeding stops you may have a discharge which may be dark in colour or yellow. This is common.

It's unlikely you'll have further major problems after going home from hospital. Get advice from your GP if you have:

- severe pain
- heavy vaginal bleeding
- offensive vaginal discharge
- burning and frequency passing urine (cystitis)
- a high temperature.

What can you do afterwards?

You should be able to do all the things you need to do to look after yourself, for example go for short walks, and do simple exercises. You will be told about specific exercises, which will help your recovery, during your stay in hospital.

What can't you do?

For 4 to 6 weeks after your operation, you must not:

- drive (contact your insurance company for advice before driving any vehicles)
- lift heavy objects
- stand for prolonged periods
- have sex.

You may feel a bit bruised and uncomfortable and apprehensive about sex after the operation. Most women prefer to wait for around 6 to 8 weeks before resuming sex. You can use a water-soluble lubricant if you feel dry.

Many women report that their sex-lives improve after a hysterectomy because the problems that led to the need for surgery have been dealt with.

How will you feel physically and emotionally?

You'll probably find that you have much less energy and stamina. It's normal and take several weeks to feel back to normal. During your recovery you'll experience a gradual improvement in your well-being but at times you may feel your recovery is slow.

Feeling a bit despondent, depressed and possibly tearful is very common. It will pass. If you find these negative feelings become difficult to cope with, talk to your GP.
Most women report an improved sense of well-being and self-confidence after hysterectomy, having resolved a medical problem that caused a detrimental impact on their quality of life.

When can you go back to work?

This depends on different factors. Your gynaecologist and GP should guide you. Generally, you may plan to return to work from 6 weeks onwards following surgery, however, this will depend on the type of work you do.

If you have a physically demanding job, you should plan to return to work after 8 or more. Get a fitness for work certificate for your employer if appropriate.

Is it safe to have this operation?

It is a very common procedure but with any major surgical operation, there is an element of risk.

These include:

- anaesthesia risks (very rare)
- injury to the blood vessels/bowels/bladder/ureter (tube between kidney and bladder) in the abdomen and pelvis (usually recognised and dealt with during the hysterectomy
- serious infection (rare)
- urinary tract infection (1 in 4 women) treated with antibiotics
- blood clot in the deep leg veins (rare)
- scar tissue which may affect your bowels or bladder.

Operative risk generally increases because of existing medical conditions, for example, diabetes, high blood pressure, certain drug treatment or previous surgery.

Being overweight makes both anaesthesia and surgery more difficult and increases risk.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the wellbeing of our patients, so we have procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections.

You, and anyone visiting you, must use the hand sanitiser available at the entrance to every ward before coming in and after you leave. You may need to wash your hands at the sink using soap and water. Hand sanitisers are not suitable for dealing with patients who have symptoms of diarrhoea.

About our patient information

We aim to make the information as up to date and accurate as possible, but please note that it's subject to change. You must always check specific advice on any concerns you may have with your doctor.

Patient information – alternative formats

If you'd like a copy of this information on audiotape, in large print or translated, call the Patient Advice Liaison Service (PALS) on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

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Gynae Guidelines Group: May 2009, V3 Jun 2013, V4 Feb 2016—no changes, V5 Jun 2019, V6 Oct 2023
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