Hysterectomy

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| Kuvaus: | Information about hysterectomy, recovery and postoperative care. |

**You are about to come to the hospital for a hysterectomy. The surgery is performed either through the vagina, endoscopic surgery or open surgery. In these instructions, we will provide you with information about the surgery, recovery and postoperative care.**

**How do the surgical methods differ?**

**Vaginal hysterectomy** *(removal of the uterus through the vagina)*

The surgery results in no incisions on the abdomen or removable stitches. A possible prolapse can be repaired as part of the surgery. The ovaries can be removed as part of the operation, but removing ovarian tumours is typically not possible. The surgery can be performed under spinal anaesthesia or general anaesthesia. The sickness leave after the surgery is 2–3 weeks.

**Laparoscopic hysterectomy** *(removal of the uterus through laparoscopy)*

The uterus is removed through laparoscopy, but removed through the vagina. The operation leaves 2–4 incisions of around 1 cm in length on the abdomen. Other procedures may be performed on the abdominal cavity (removal of the ovaries, detachment of uterine adhesions, removal of the foci of endometriosis etc.). The surgery is typically performed under general anaesthesia. The sickness leave after the surgery is 2–3 weeks, there are typically no removable stitches.

**Abdominal hysterectomy** *(removal of the uterus through the abdomen)*

The uterus is fully removed from an incision of at least 10 cm on the lower

abdomen. Other procedures may be performed on the abdominal cavity (removal of the ovaries, detachment of uterine adhesions, removal of foci of endometriosis etc.) The surgery is always performed under general anaesthesia. The sickness leave after the surgery is 4 weeks. You will be given instructions on the removal of stitches.

**After the surgery**

After the surgery, you will first be in a recovery room, after which your treatment will continue at an inpatient ward. You will be already helped to get on your feet on the day of the surgery, or at the latest on the following morning. Getting up from bed early after the surgery promotes healing. You will be administered pain medication as necessary.

If you are feeling well, you will be discharged on the day after the surgery. Hospital discharge on the evening of the surgery is also sometimes possible.

**Recovery at home**

**Surgical wound**

In the first days after the surgery, you are advised to clean the wound in the shower daily. Dry the wound carefully. Washing your genitals and anal area regularly speeds up the healing of the incisions in the vagina. You may use the sauna. You will be given instructions on the removal of stitches or staples.

**Postoperative bleeding and cleanliness**

After the surgery, you may experience bloody or blood-tinged discharge for several weeks. You may experience sensations around the surgical area, the incision or when urinating for a longer time. You are advised to wash your genitals and anal area every morning and evening.

**Physical activity**

Light physical activity promotes blood circulation in the surgical area and speeds up the recovery process. Avoid physically demanding labour and straining yourself during your sickness leave.

**Bowel movements**

Drinking a lot of fluid promotes bowel movements. You may temporarily use prescription-free stool softeners available at a pharmacy for constipation.

**Post-operative examination**

There is typically no need for a post-operative examination. You will be given instructions on the post-operative examination. A summary of your treatment known as an epicrisis is sent to your home or place of further treatment with your permission.

**Tissue samples**

The removed uterus is sent for examination. You will only be notified of the examination results if they require further treatment or monitoring.

**Problems and complications related to the surgery and recovery**

Typically, the recovery from a hysterectomy goes smoothly. Most of the harms experienced after the surgery are moderate and do not significantly prolong the duration of treatment and recovery.

The most common problems include infections and bleeding of the surgical area and wound. These may require drug therapy, a blood transfusion or, on rare occasions, a repeat operation.

There is always an increased risk for a venous occlusion connected to an operation. To prevent occlusions, it is of primary importance that you get up on your feet early. When you are discharged from the hospital, you may need a prescription for an injectable drug that prevents venous occlusions and instruction on administering the injections.

Although rare, damage to organs next to the uterus, such as the urinary tract or bowel may occur. These damages are repaired in surgery.

Other rare complications not mentioned in this sheet may also occasionally occur. The likelihood for complications may be increased by overweight as well as attachments from previous operations and caused by infections. Reduced general health and additional diseases may also increase the risk. Smoking delays the healing of wounds and also increases other surgical risks.

**In case you have questions**

If you are uncertain about anything relating to your surgery, you may call the Women's Inpatient Ward, tel. **+358 17 172 369**.

If you experience severe pain, fever, smelly postoperative discharge or considerable bleeding, problems defecating or urinating, please go to the emergency services at your health centre or in KUH specialised medicine.

If you are discharged on the day of the surgery, you should note that the effect of the medication you are administered in the operation may last up to 24 hours. You may experience fatigue and light-headedness. You are advised against driving and alcohol use during the first 24 hours after the surgery.

After this, the anaesthesia will no longer prevent you from acting and moving freely. However, you should take into account possible limitations caused by the procedure.

**Pain management**

During your hospitalisation, you have been administered the following pain medication today:

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During your first evening and night after the surgery, you may take the following

medications at home:

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Beginning in the following day, take pain medication as prescribed.

You need to book an appointment with your nurse for **removing surgical staples**.

Removing surgical staples: \_\_\_\_ / \_\_\_\_