

Hysterectomy

What is a hysterectomy?

A hysterectomy is a major surgery. It is used to treat many issues that affect the uterus. Common issues include: uterine fibroids, endometriosis, abnormal uterine bleeding, chronic pelvic pain, pelvic support problems (such as uterine prolapse), and some types of cancers. There are many ways this surgery can be performed. Your surgeon will review the options with you and suggest the right approach for your case.

Types of Hysterectomy

Total Hysterectomy

The entire uterus and the cervix are removed.

Supracervical Hysterectomy (Partial or Subtotal)

The upper part of uterus is removed, but the cervix is left in place. This cannot be removed through the vagina.

Radical Hysterectomy

Total hysterectomy with other structures around the uterus being removed.

- **Ovaries and fallopian tubes are removed.** One or both ovaries and fallopian tubes may also be removed.
- **Oophorectomy:** Just ovaries are removed. Your surgeon may talk to you about the risks of taking out the ovaries before menopause. You will have signs and symptoms of menopause if both ovaries are removed. Your surgeon may discuss hormone treatment options with you.
- **Salpingo-oophorectomy:** Both ovaries and tubes are removed.
- **Salpingectomy:** Just fallopian tubes are removed.

What can I expect after surgery?

You will stay up to a few days in the hospital. It will depend on the type of surgery you have.

You may feel sad or depressed after this surgery. If you need support, there are experts who can help. Seeking help is the best thing you can do if you are having trouble dealing these feelings on your own.

What to Expect After Surgery Through the Abdomen

- An incision in your abdomen.
- Some pain.
- Little or no red to yellow vaginal drainage.
- You may have a catheter (tube) to drain urine. You may go home with the tube in place. Your nurse will show you how to care for this tube.

What to Expect After Surgery Through the Vagina

- You will have a vaginal pack that will be removed the day after surgery.
- Small to medium amount of red to yellow drainage. It can last for a few days to a couple of weeks.
- Some fatigue.
- Some bruising around your vagina and buttocks.
- You may have a catheter (tube) to drain urine. You may go home with the tube in place. Your nurse will show you how to care for this tube.

What to Expect After Laparoscopic Surgery

- You may have some short-term shoulder tightness or neck stiffness due to gas that was used. This pain is minor and often goes away in 1-2 days.
- You may have bruising at the incision sites.
- Most patients have the most pain in their lower left incision where the uterus was removed.

Home Care

Please make sure you have an adult stay with you for the first 24-48 hours after you go home.

Diet

If you feel sick to your stomach the night you get home, drink small amounts slowly. Bland liquids such as broth, tea, Jell-O® are best. Add solid foods to your diet when you feel better.

Include foods high in fiber, like bran and oats. Drink 6-8 glasses of liquid each day to prevent constipation.

Incision Care (Abdomen)

Check your incision daily for any signs of infections. Watch for:

- Redness
- Fever
- Swelling
- Warmth
- Soreness at the site
- Pus-like drainage

You may need a follow up visit to remove sutures or staples. Other types of sutures will be absorbed by the body and do not need to be removed.

Leave the Band-Aids® on for 48 hours (2 days).

You may shower like normal. No tub baths. It is fine for the soap to run over your incisions, do not scrub. Pat incisions dry after you shower.

You may replace the Band-Aids® if you prefer to keep your incisions covered. You do not have to wear a dressing unless wounds are in a skin fold, your clothes rub on them, or they are draining. If you wear a dressing, change it at least once a day and more often if it gets wet.

It is normal for the incision to be slightly puffy, numb, pink and have a small amount of clear, light pink drainage. Expect the incisions to heal within 2 weeks.

Do not apply any powders, ointments, or creams to the site until it is well healed.

Pain Relief

If you have cramping, take ____ mg of acetaminophen (Tylenol®) or 400-600 mg of ibuprofen (Advil® or Motrin®) every 4-6 hours. **Do not** take more than 4000 mg (4g) of Tylenol® or 2400 mg of ibuprofen daily.

You may use an ice pack or bag of frozen peas and place over the sore areas throughout the day.

Your doctor may prescribe you stronger pain medicine. Only use narcotic pain medicine as needed, as it can cause both constipation and nausea.

Your narcotic pain medicine often contains acetaminophen (Tylenol®). Please avoid taking any extra Tylenol® at home if your narcotic pain medicine contains Tylenol®.

If you take narcotic pain medicine every 4-6 hours, take ibuprofen 400-600 mg about 2-3 hours in between doses for better pain control.

Constipation

Medicines, changes in your diet and fluid intake, and reduced activity can cause constipation. To help improve bowel health:

- We often prescribe a stool softener called Colace® (docusate sodium). You can also find it over-the-counter. Take 100 mg twice daily.
- If you often get constipated or you find it getting harder to have a bowel movement, you may also take MiraLAX.
- Eat fruits, vegetables and whole grains that are high in fiber.
- Take an extra fiber supplement, if needed (Benefiber®, Metamucil®, etc.).
- Drink 6-8 glasses of water daily.
- Become more active as soon as you are able.
- As stools become more frequent or if they become very loose or watery, you may decrease, or stop the amount of stool softener or laxative you are taking.

Bleeding

Some women will have light vaginal bleeding. The bleeding should be light and only requires a light pad. It may begin as a reddish/pinkish color and over time change to more of a rust or brown colored discharge. If you begin to have bright red, period-like vaginal bleeding, with or without blood clots, please call.

Trouble Urinating

A very small number of patients will have trouble passing urine. Most patients have their bladder catheter removed right after surgery. If you have trouble passing urine after you go home, please go to the ER. You will need a catheter placed to allow the bladder to “rest.” It will be removed later in the office. It is vital to have this catheter placed to avoid harming the bladder.

Activity

- Do not lift more than 15 pounds until after your first post-op clinic visit.
- Avoid heavy activity for 6 to 8 weeks.
- Do not drive until approved by your doctor (about 2 weeks). Do not drive until you have stopped your narcotic pain for 24 hours. Do not drive if your stomach is sore enough to limit motion of your legs.
- No sex, douching, tampons, or placing anything in the vagina until your doctor says it is okay. You may use feminine pads, if needed.
- Limit climbing stairs for the first 2-3 days. Light walking is ok. This helps to improve blood circulation, muscle strength, breathing, and helps pass gas and promote bowel movements.
- Avoid getting tired. Rest often.
- Keep doing the coughing and deep breathing exercises.
- You may shower, but do not bathe in a tub until your doctor says it is okay.
- Ask others to help with chores and errands while you heal.
- Please keep your scheduled post-op clinic visit.

When to Call

- Bright red vaginal bleeding (like a period or more).
- Signs of infection at the suture line (warmth, redness, swelling, pus, and soreness).
- A fever over 100.4° F for two readings 4 hours apart.
- Chest pain or shortness of breath.
- Leg swelling, redness or pain.
- Dizziness or feeling lightheaded.
- Bruising that appears to worsen or spread, or if it becomes more painful.

- Vaginal discharge that is foul smelling, cloudy or greenish in color.
- Severe pain in the abdomen that is not relieved by medicine or other comfort measures (heating pad).
- Severe nausea and vomiting where you are not keeping down food and liquids.
- Not able to pass urine.
- Frequent, urgent or painful urination.
- No bowel movement within 2-3 days after going home.
- Feeling depressed.

Follow-Up Care

Plan on having at least one post-op visit in about 2-3 weeks, unless your doctor gave you other instructions.

Who to Call

If you have any questions, please call your doctor or nurse: _____.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4899.