

An **abdominal hysterectomy** is the surgical removal of the uterus (womb) through an abdominal incision. This surgery can also be completed through the vagina and is called a **transvaginal hysterectomy**. A **hysterectomy** can sometimes include the removal of all or some other reproductive organs such as:

- the uterus and cervix – hysterectomy,
- the ovaries – hysterectomy and oophorectomy,
- the fallopian tubes – hysterectomy and salpingectomy.

BEFORE SURGERY

Several days before your surgery, you will require blood tests.

Please review: *General Surgery Information Sheet.*

You will stay in the Hospital a couple of days. You will be informed of your admission date and time.

PREPARING FOR YOUR SURGERY

The Nurse assigned to your care will prepare you for your surgery.

You will:

- change into a hospital gown,
- have an IV inserted,
- have your height, weight and vital signs taken,
- have additional blood tests done if required,
- be asked general health questions for your admission to hospital.

WHEN IT IS TIME FOR YOUR SURGERY

- A Nurse will escort you to the Operating Room.
- You will speak with your Surgeon, Anaesthetist and Operating Room staff and have an opportunity to ask questions prior to your surgery.

SURGERY

- This surgery is performed under **general anaesthesia**. Your Anaesthetist will discuss this with you and review options for managing your pain after the surgery.
- A catheter tube will be inserted in bladder for elimination of urine. It is usually removed by the Nurse a day or two after your surgery.
- It is not common, but you may have a drain near the incision to drain excess blood from your abdomen. You may have stitches along your incision covered with a dressing.
- You may have tapes (steristrips) and a dressing covering incision line on your abdomen.

AFTER THE SURGERY

- You will be taken to the recovery room where a Nurse will monitor your vital signs and ensure your pain and nausea are managed with medication.
- Once you are fully awake from the anaesthetic, you are then ready to return to your room. You will be taken by stretcher to the medical surgical unit where you will be monitored and be provided something to drink.

EXERCISE INSTRUCTIONS

During recovery, it is necessary to perform exercises that will help after having an anaesthetic and prevent blood clots. You will be given a blood thinner medication daily until you are moving well.

- To clear your lungs of mucous, take a deep breath in and breathe out slowly – 5 times.
- To keep the blood moving in your legs and help prevent blood clots in your veins, throughout the day you will:
 - do ankle circling, each direction and move toes up and down– 10 times,
 - tighten knees and relax – 10 times,
 - tighten both buttocks and relax – 10 times,
 - bend one knee, relax then bend the other, relax – 10 times.
- You will be provided with an incentive spirometer – a device to help you clear and strengthen your lungs. The Nurse will encourage you to use your incentive spirometer for deep breathing and use your pillow on your abdomen for coughing.
- You will start sipping liquids like water, progress to liquid diet such as juice and jello, then to full fluids like cream of wheat, cream soups, yogurt and pudding.
- Expect some bruising around the incision. The dressing is removed on the third day after surgery. If you feel up to it, you can shower, pat the tapes (steristrips) dry. If not, you will be provided a basin of water for washing. The Nurse will reapply a dressing if you have drains. If you do not have drains, your incision may be covered with a small dressing.
- It's important to move. At first the Nurse or Physiotherapist will help you to the chair and assist you with walking. The more you get up from the bed, the more you walk, the better you will feel. It helps decrease gas pain and stimulates the return to normal bowel function.

DISCHARGE INSTRUCTIONS

- We strongly recommend that you prepare your home ahead of time for your return. Make sure you have your grocery shopping, laundry and cleaning done so that you can focus on your recovery. Consider making arrangements for assistance from family or friends should you need help managing at home. If any problems are anticipated, discuss them with the Nurse.
- You may shower the suture line, leave open to air dry and cover with a dry dressing.
- At day 10 to 12 after your surgery, you will return to the Surgical Clinic to have your sutures removed, if you have them and follow up with your Surgeon.
Note: You may also have tapes (steristrips) on the incision line. They will start to peel off. After day 7, you can remove them. Always pull the tape toward the incision line, not away from it.
- It's important that you keep active – get up, sit in chair and go for a short walk.
- You may have vaginal discharge for 7 – 10 days after surgery. Also 10 – 14 days after surgery, you may bleed again. This bleeding is caused by the stitches in the vagina beginning to dissolve. This should be only a light bleed. Notify your Surgeon if bleeding is heavy.
- Avoid vigorous activities for 6 – 8 weeks. Avoid heavy lifting for 4 – 6 weeks. You may resume sexual activity when instructed by your Surgeon.
- If ovaries and fallopian tubes are removed, you may experience menopausal symptoms – check with your Surgeon regarding hormonal therapy.
- DO NOT use tampons, douches, feminine deodorants, sprays or scented sanitary pads.

DISCHARGE INSTRUCTIONS continued:

- No swimming, baths or hot tubs for four weeks, or after otherwise instructed by your Surgeon.
- It is important to wait until you complete your post-operative recovery and not resume sexual activities until assessed by your Surgeon at 6 weeks. Note that your capacity for sexual response is not reduced in any way however, you may notice a change in physical sensation during intercourse at first.
- Some women feel sad or “blue” between the third and fifth day after surgery. You may feel depressed or find yourself crying and not know why. These feelings are quite common. Discussing these feelings with family, friends, your Nurse or others may make you feel better.
- You may slowly resume your diet unless instructed otherwise. Increase your fluids and fiber intake to prevent constipation and straining. If you do become constipated, ask your Surgeon about using a laxative or stool softener. Avoid gassy foods until your bowels are regular.
- If you have had your ovaries removed, the Surgeon may start hormone therapy before you are discharged.
- You will have a follow up appointment arranged for you 6 weeks after surgery.

Do not hesitate to come into the Emergency Room if you experience any of the following:

- fever over 38°C or 99.5°F,
- increasing pain or redness and /or drainage from the incision,
- abdominal cramps or a change in your bowel habits,
- sudden pain or swelling in your legs or calves,
- sudden shortness of breath or pain in your chest,
- heavy vaginal bleeding or foul-smelling vaginal discharge,
- pain when passing urine.