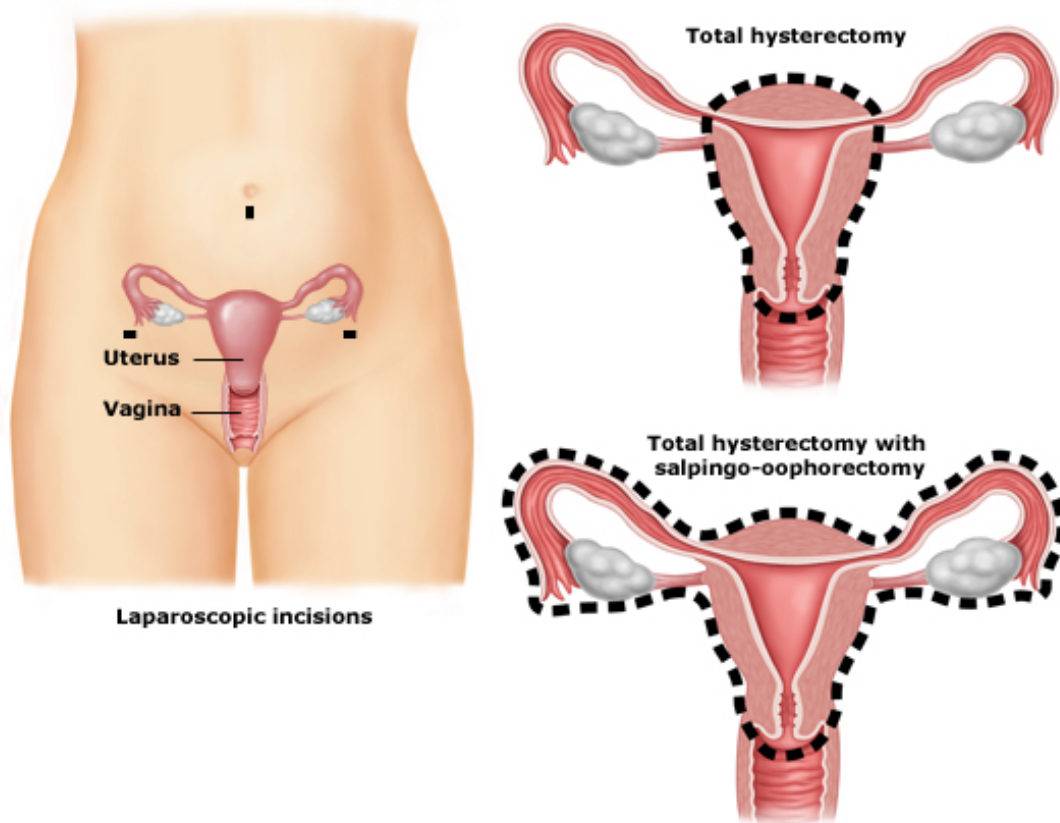


## Hysterectomy



A hysterectomy can mean the removal of the uterus, or it can mean removal of the uterus, cervix and ovaries. A hysterectomy can be performed in several ways. There are a number of types of hysterectomy, they include:

1. Total
2. Sub-total
3. Total hysterectomy & bilateral salpingo oophorectomy

### **Total Hysterectomy**

In this form of hysterectomy the uterus and cervix are removed. The ovaries and the tubes are not removed.

### **Sub-total Hysterectomy**

This means removal of the body of the uterus, but the lower part of the uterus (the cervix) is left behind. The tubes and ovaries are not removed.

## **Total Hysterectomy and Bilateral Salpingo-Oophorectomy**

This refers to the removal of the cervix, the uterus, both ovaries and both tubes.

There are four ways of performing a hysterectomy, including:

### **Total Laparoscopic Hysterectomy**

The uterus is removed by operating through small incisions (ports) in the abdomen via a small telescope. Because small incisions are made you experience much less post-operative pain, and you often go home two days after surgery. We still advise avoiding exercise, heavy lifting or sex for six weeks after the procedure.

### **Laparoscopic Assisted Vaginal Hysterectomy**

In this procedure the uterus is removed by both the laparoscopic route and operating both through the laparoscope and through the vagina. It is particularly suited to patients with some prolapse. You can usually go home two or three days after the operation. A pack may be inserted into the vagina to reduce bleeding. This normally is removed the day after surgery.

### **Vaginal Hysterectomy**

The uterus is removed by surgical incisions made through the vagina. Prolapse can be fixed at the same time. Recovery is quick. You normally have a vaginal pack removed the day after surgery.

### **Total Abdominal Hysterectomy**

The uterus is removed through a transverse (side to side) or bikini incision. Very occasionally a vertical (up and down) incision may be necessary. Recovery takes longer (usually five days).

## **Before Your Surgery**

You will normally be admitted to hospital on the day of surgery. We usually advise avoiding eating or drinking for at least six hours before surgery.

You will normally be up and about the day after major surgery. We will give you

whatever pain relief you need. This may be by way of an intravenous patient controlled painkiller initially. Soon you will need only oral medication for pain relief.

We advise taking Coloxyl, Movicol, Normacol or Metamucil to avoid constipation caused by these painkillers. We recommend you avoid heavy lifting, sex and intense physical exercise for six weeks after surgery.

## Complications

All surgery comes with a risk of complications. Bleeding or infection as well as deep vein thrombosis, pulmonary embolus (a clot going to your lung) are some of the more serious ones. Injury to bowel, bladder and ureter (a tube that joins the kidney to the bladder) and infection of the incision or the bladder may occur. Painful or unsightly scars are not common problems.

Long-term problems may appear such as adhesions between bowel and the top of the vagina. This may produce pain or bowel obstruction. Fortunately complications are not frequent.

If you have any concerns post surgery it is important that you contact Dr Sheahan.