

Hysterectomy

The name of my surgery is:

My surgery date: _____

My surgery time: _____

My surgeon's name:

My surgeon's phone: _____

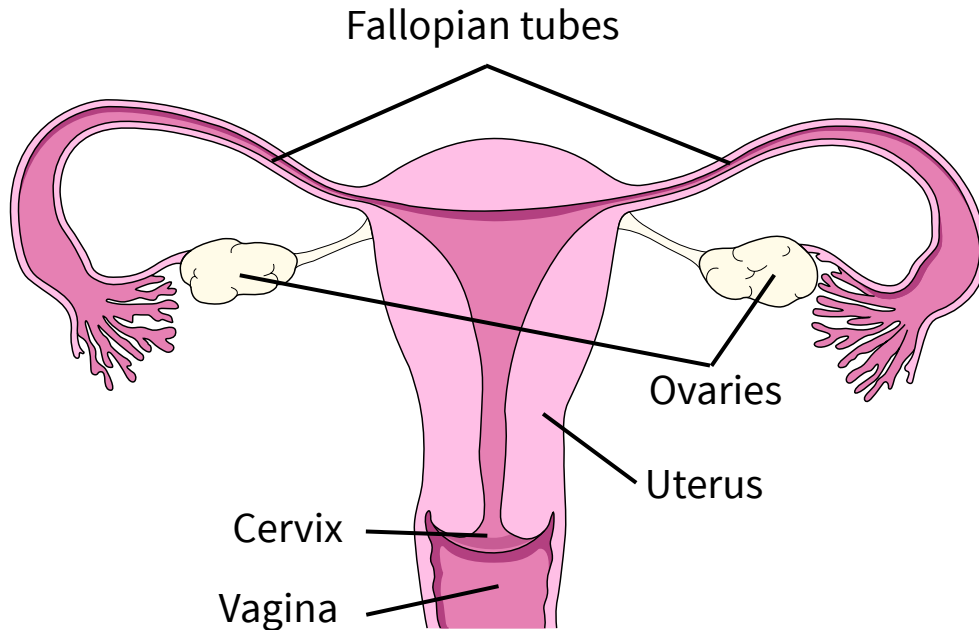
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Hysterectomy

What is a hysterectomy?

A hysterectomy is surgery to remove your uterus (womb). Your surgeon may also remove other tissue like your cervix, fallopian tubes, ovaries, lymph nodes, and parts of the vagina.



Vagina: This is the tube that connects the uterus to the outside of the body.

Cervix: This is the opening of the uterus.

Uterus: The uterus is between the bladder and the rectum (bum). It is the size and shape of an upside-down pear.

Ovaries: The ovaries make and release eggs. They also make hormones (like estrogen and progesterone).

Fallopian tubes: These are small tubes that go from each ovary to the uterus. Eggs travel along these tubes to the uterus to be fertilized.

Why do I need a hysterectomy?

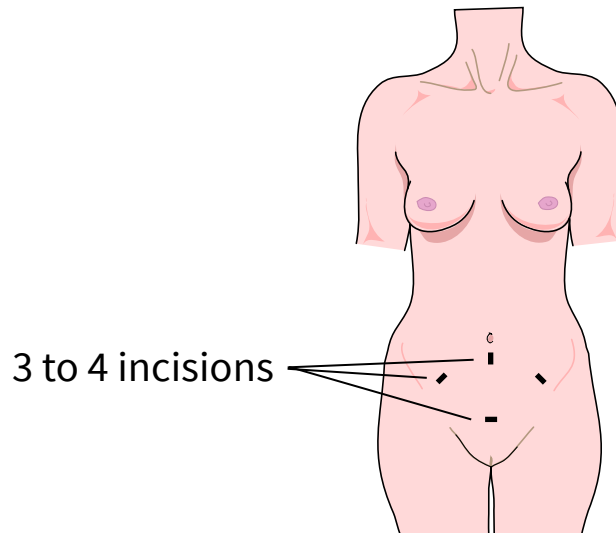
- You may need a hysterectomy to treat:
 - › Bleeding from your vagina that is very heavy or that lasts longer than a usual period
 - › Uterine fibroids (growths in or on your uterus)
 - › Pain in your pelvis (lower abdomen [belly] area) that cannot be managed by other treatments
 - › Uterine prolapse (your uterus drops into your vaginal canal because of weak supporting muscles). This can cause urinary incontinence (not being able to hold your pee) or constipation (not being able to poop).
 - › Cervical or uterine cancer, or changes in your cervix or uterus that may lead to cancer
 - › Problems with the lining of your uterus, like:
 - › Hyperplasia (when there are more normal cells in a tissue or an organ than usual)
 - › Uterine polyps (growths inside your uterus) that keep coming back
 - › Adenomyosis (endometrial tissue in the lining of the uterus that grows into the wall muscle of the uterus)
 - › An emergency complication of pregnancy or delivery. This is called a cesarean hysterectomy. Your uterus, fallopian tubes, and cervix may be removed at the same time as the surgery to deliver your baby.
 - › You may also need a cesarean hysterectomy if any of the above problems happen while you are pregnant.
- You may have a hysterectomy as part of gender-affirming care.

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

How is a hysterectomy done?

Laparoscopic

- The surgery is done using a laparoscope (a thin tube with a light on the end).
- The surgeon will make 3 to 4 small incisions (cuts) in your abdomen. They will insert (put in) the laparoscope through the incisions.
- They will close the incisions with glue or stitches
 - › that dissolve (go away on their own) in 2 to 6 weeks.
- **Or**
 - › that need to be removed in 7 to 10 days.
- You may also have Steri-Strips™ (strong pieces of tape) over your incisions. You may have a Band-Aid® or dressing over your incisions.
- You may go home on the day of your surgery or you may be in the hospital for _____ days.



Types of hysterectomies

Laparoscopic subtotal hysterectomy (also called LSH): The uterus is removed in pieces using incisions in your abdomen. **The cervix is not removed.**

Total laparoscopic hysterectomy (also called TLH): The uterus and cervix may be removed through incisions in your abdomen or through your vagina.

Laparoscopic-assisted vaginal hysterectomy (also called LAVH): Part of the surgery is done through incisions in your abdomen and part is done through your vagina. The uterus and cervix are removed through your vagina.

Robotic-assisted hysterectomy: The surgeon controls the surgical tools with robotic arms while looking at a computer screen. They will make 3 to 5 small incisions in your abdomen to remove your uterus and cervix.

Vaginal

- The surgery is done through your vagina. You will not have any incisions on your lower belly.
- After the surgery, you may have gauze packing in your vagina. This may cause discomfort (like a heavy, dull pressure). It is usually removed within 24 hours (1 day) after surgery.
- You may have a catheter (tube) in your bladder overnight. This is to drain urine (pee).
- You may be in the hospital for 1 to 2 days.

Abdominal (also called laparotomy)

- The uterus and cervix (and ovaries and fallopian tubes, if needed) are removed through an incision in your abdomen. The incision is bigger than the ones made for laparoscopic surgery.
- You will likely be in the hospital for 1 to 3 days.
- After surgery, you may have a catheter in your bladder. This will be removed usually the morning after your surgery. Your health care team will check to make sure you are able to pee before you go home from the hospital.
- You will have a dressing over your incision.

Before surgery

For 1 week (7 days) before your surgery, do not shave your pubic hair (hair on your legs or abdomen, or around your vagina). Shaving can raise your risk of infection after surgery.

The night before your surgery

- **Do not** smoke or vape after your evening meal on the night before your surgery.
 - › Smoking and vaping causes more secretions (fluids) in your lungs. This can cause breathing problems after surgery.
 - › **Nova Scotia Health is smoke-free.** If you would like help to stop smoking, ask a member of your health care team.
- Take a bath or a shower the evening before or the morning of your surgery. Wash all parts of your body, including your hair.
 - › **Do not** use scented products. **Nova Scotia Health is scent-free.**

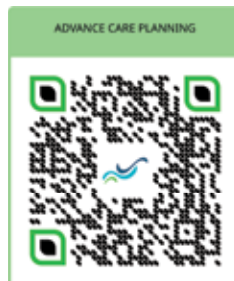
- You will be given instructions about how to get your skin ready for surgery, if needed.

The day of your surgery

Follow any instructions you were given in the Perioperative Anesthesia Clinic (Pre-admission Clinic) about taking your medications.

Bring these things to the hospital:

- All of your medications in their original containers, including:
 - › Prescription medications
 - › Drops
 - › Puffers or inhalers
 - › Patches
 - › Injections
 - › Creams or ointments
 - › Over-the-counter medications (including herbal supplements and vitamins)
- Nova Scotia health card
- Private insurance card (if you have one)
- Personal Directive (if you have one). For more information, see the pamphlet *Advance Care Planning – Making Your Personal and Medical Wishes Known*:
 - › www.nshealth.ca/patient-education-resources/1942



- CPAP (if you have one)

Do not wear contact lenses. If you must wear them, bring a lens container and cleaning solution. Tell your nurse that you are wearing contact lenses. **They must be taken out before you go to the operating room (O.R.).**

Valuables

- **Do not** bring valuables (like jewelry, cash, debit and credit cards). **The hospital is not responsible for the loss of any item.**
- All jewelry, including toe rings, must be taken off at home.
- All body piercings (like nose, belly button, tongue, ear) must be taken out at home.
 - › Tell a member of your health care team if you do not want to or are not able to remove any piercing.
- **If you have a fever (temperature above 38 °C or 100.4 °F), a cold, or flu symptoms, call your surgeon's office before coming to the hospital.** Your surgery may need to be rescheduled.

Delays

- Delays in the O.R. may cause a change in your surgery time.
- There is a chance your surgery could be cancelled because of an emergency. If this happens, your health care team will tell you what to do next.

After surgery

- You will wake up in the Post-Anesthesia Care Unit (PACU). Most patients recover from surgery in this area.
- The nurses in the PACU will closely monitor your:
 - › Intravenous (I.V.) tube. This is used to give you fluids. It will be taken out when you are able to drink.
 - › Dressings
 - › Drainage tubes (like a catheter)
 - › Vital signs (blood pressure, pulse, breathing, temperature and oxygen levels). You may get oxygen through nasal (nose) prongs or a face mask, if needed.
 - › Pain (you may be asked to rate your pain on a scale of 0 to 10).
- Your nurse may give you medication(s) to help with pain, as needed. They will keep checking your pain level to make sure you are as comfortable as possible.
- The skin around where you had your surgery may look like it has been dyed. The dye is from a liquid used by O.R. staff to clean your skin before surgery.

Pain

- It is common to have pain after surgery. Good pain control is important for your recovery and healing. **Do not let your pain get severe (very bad) before taking pain medication.**
- You may have shoulder pain after laparoscopic surgery.
- Over-the-counter pain medication, like acetaminophen (Tylenol®) or ibuprofen (Advil®) may be enough to control your pain.
- Your surgeon may also prescribe a type of strong pain medication called an opioid (like morphine, or Dilaudid®). Opioids should only be used in small amounts, when other types of pain medications do not help.
 - › **Opioids can have serious side effects, especially if they are not taken as prescribed.**

If your surgeon prescribes pain medications:

- Take them as directed to keep your pain under control.
 - › It may help to take pain medication 30 minutes to 1 hour before doing physical activities.
- Spending time with loved ones, listening to music, or watching a favourite TV show may help to distract you from your pain.
- **Do not** drink alcohol while taking pain medication.
- **Do not** take more medication than you are prescribed or told by your surgeon.
- Always store medications in a safe place, out of the reach of children and pets.
- If you have any opioids left over, take them to a pharmacy so that they can be safely disposed of.
- For more information about opioids, visit:
 - › www.choosingwiselycanada.org/wp-content/uploads/2018/02/Opioids-When-you-need-them-and-when-you-dont.pdf



Caring for your incisions

Abdominal/laparoscopic

- **Do not** get your dressing wet.
- You may remove the dressing after 48 hours (2 days), or as told by your surgeon.
- **If you have Steri-Strips™:**
 - › Leave them in place for 7 to 10 days.
 - › You may get the Steri-Strips™ wet.
- **If you have sutures or staples:**
 - › They can be removed after 7 to 14 days by your primary health care provider (family doctor or nurse practitioner) or at a clinic.
- After showering, gently pat your incision dry. **Do not rub.**

Vaginal

- You may have stitches in your vagina. They do not need to be removed. They will fall out on their own. Small pieces of the stitches may come out of your vagina while you are healing. This is common.

For 6 weeks:

- **Do not put anything in your vagina.** This includes douching, tampons, and period cups.
- **Do not have sex until after your follow-up visit with your surgeon.**

When can I take a shower or a bath?

- **Do not** have a bath for at least 2 weeks (14 days) after your surgery.
- You may shower 1 or 2 days after your surgery if you feel ready and as told by your surgeon. **Be very careful.** You may still feel weaker than usual.
 - › Keep the bathroom door unlocked so someone can come to help you, if needed.
- It may help to use a sitz bath (small tub) or a squeeze bottle to rinse the area around your vagina 2 to 3 times a day, and after bowel movements (pooping). It is important to wash your hands well before and after.

Vaginal bleeding or discharge

- After surgery, it is common to have light bleeding or discharge from your vagina. The discharge may be reddish to brownish. It may last for up to 4 to 6 weeks after your surgery.
- When you are in the hospital, your nurse will check how much discharge you are having. When you go home, keep wearing pads, as needed.
- If you have vaginal bleeding, lie down and put your feet up. **If the bleeding does not stop or you soak through 1 pad in less than an hour, call 911, or go to the nearest Emergency Department right away.**

Getting out of bed

- When you are ready, your nurse will help you get out of bed for the first time. **Do not get up on your own. Ring your call bell for your nurse to help you.**
- Walking as soon as you are able will help with your recovery.

Breathing exercises

- You will be asked to take deep breaths and cough every 1 to 2 hours. You may be given an incentive spirometer (a device that helps you take slow, deep breaths) to help with this. This helps to prevent lung problems, like pneumonia (lung infection).

Blood clots

- Your health care team will ask you to move your feet and legs every hour while you are awake. This helps to keep your blood moving and prevent blood clots.
- You may have a medication called Fragmin® injected into a vein using a needle. This medication thins your blood and helps to prevent blood clots from forming. You may need to keep taking this medication at home.
- **Moving after surgery can help prevent blood clots.**

Eating and drinking

- You can have fluids after surgery, unless your health care team tells you not to. Over time, you can start to have solid food.
- You will feel hungry as you start to feel better. This may take a few days. Eating healthy foods can help with your recovery and healing.
- When you are drinking well, the I.V. will be taken out.
- **It is important to drink lots of fluids (6 to 8 glasses a day), unless your health care team tells you not to.**

At home

Activity

- After a hysterectomy, take care to protect and strengthen your abdominal (stomach) and pelvic floor muscles as you heal. Talk to your health care team about this.

For 1 to 2 weeks after your surgery:

- › You may get tired very easily.
- › **Do not** do any activities that cause discomfort, or that make you very tired.
- › Plan your activity and rest times by how you feel. Start with light activities at first. Ask your health care team to help you plan how to do your daily activities while you are healing.

For 6 weeks after your surgery (or as told by your surgeon):

- **Do not** do any of these activities as they can strain or contract (squeeze) your stomach muscles and cause bleeding:
 - › Vacuuming or other heavy cleaning
 - › Lifting more than 10 pounds, including children
 - › Swimming
 - › Running
- If you had an abdominal hysterectomy, it can take up to 3 months until you are fully healed.
- If you had a vaginal or laparoscopic hysterectomy, it can take 6 to 8 weeks until you are fully healed.
- Ask your surgeon when you can expect to be healed enough to go back to your usual activities.

When can I drive?

- Ask your surgeon when you can drive after your surgery. It may take time for your concentration and reflexes to come back (usually 4 to 6 weeks after surgery). This will depend on what type of surgery you had. How long it takes is different for everyone.
- **Do not drive if you are taking pain medications.**

When can I go back to work?

- Most people take 4 to 6 weeks off work to recover. This will depend on the type of surgery you had. Ask your surgeon when you can go back to work.

When can I have sex?

- **Do not** have sex for about 6 weeks after your surgery.
- When you have sex again, start slowly and gently. Your abdomen may feel sore. It may take a few months before you feel fully comfortable.
- Each person reacts to this surgery differently. You may feel worried about how it will affect you and your partner. This is common. Give yourself time to adjust physically and emotionally. Most people get back to their usual routines and activities within a few months.
- If you have any concerns, talk with a member of your health care team.

Urinating (peeing)

- You may have trouble urinating for about 7 days after your surgery. Talk with your primary health care provider if you:
 - › Feel burning when you urinate
 - › Have to urinate often and only small amounts
 - › Have trouble emptying your bladder fully

Bowel movements (pooping)

- You may feel bloated and have gas pains. Walking will help with discomfort by getting the gas moving. Chewing gum may also help.
- It may take 2 to 4 weeks for your bowel movements to go back to usual. You may go home from the hospital before you have a bowel movement.

Constipation

- Some pain medications can cause constipation. Your poop may be hard, or you may find it hard to poop.
- If you are constipated, drink more fluids (water is best) and eat foods high in fibre.
- A mild laxative (medication to help you poop) may also help. Talk to your primary health care provider or pharmacist about this, if needed.

Going home

When you are discharged, plan to have a responsible adult take you home and stay with you for the first 24 hours.

Follow-up appointment

You will get a follow-up appointment in the mail to see your surgeon in about 6 weeks. If you **do not** get a follow-up appointment within 4 weeks after your surgery, call your surgeon's office.

Common questions

Will I still get a period?

You will not get a period or be able to get pregnant after your surgery.

Will I go through menopause?

- If both of your ovaries were removed:
 - › If you have not already gone through menopause, you will go through surgical menopause. This is because your ovaries make the hormones that keep menopause from happening.
 - › The symptoms will be a lot like natural menopause, but they may be stronger at first.
- If you still have 1 or both of your ovaries:
 - › You will not go through menopause right away, even if your uterus was removed. You will go through menopause naturally as you get older.
- If your menopause symptoms are severe and you are having trouble coping, talk with your primary health care provider. They may be able to prescribe medication to help.

Will I still need to have Pap tests?

- Most people do not need to keep having Pap tests.
- You will need to keep having a Pap test once a year if you have had treatment (like LEEP or laser) for abnormal cells (dysplasia) in your cervix.
- Ask your surgeon if you still need to have Pap tests.

Call 911 or go to the nearest Emergency Department right away if you have any of these symptoms:

- › A fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › More swelling, redness, or warmth around your incision (some redness is normal)
- › More pain or tenderness around your incision(s)
- › The edges of your incision(s) come apart
- › Pain in your abdomen that is getting worse, or new pain after surgery
- › Green or yellowish drainage (pus) from your incision (clear drainage is normal)
- › Trouble peeing or pooping for more than 48 hours (or what is normal for you)
- › Vomiting (throwing up) that does not go away
- › Nausea (feeling sick to your stomach) that does not go away
- › A lot of vaginal discharge, or discharge that has a bad smell
- › Bleeding from your vagina that is bright red, or heavier than your usual period or soaks 1 pad in 2 hours or less
- › Chest pain or trouble breathing
- › Signs of a blood clot like pain, redness, or swelling in either leg

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Perioperative Services
Adapted from: PL-0903 with permission of IWK Health Centre
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Designed by: Nova Scotia Health Library Services

WP85-1907 © November 2024 Nova Scotia Health Authority
To be reviewed November 2027 or sooner, if needed.

