



For Every **Body** that Moves

# Hysterectomy

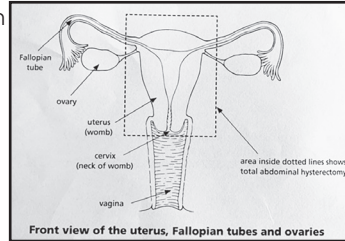
**Patient Information Booklet**

# What is a hysterectomy?

A procedure completed by a consultant to remove the uterus (womb), and the cervix (neck of the womb). Depending on the reason you are having a hysterectomy, the operation may involve the removal of the fallopian tubes and/or the ovaries.

Hysterectomies are usually performed through an incision in the abdomen. An incision is usually horizontal, along the pubic hair line (bikini line). However, some patients may have a vertical incision on the lower abdomen.

Usually if you have a hysterectomy before menopause, the ovaries are left intact, therefore the hormones will continue to be produced. If your ovaries are removed, your body will be forced into early menopause unless you are prescribed artificial hormone replacement (HRT). HRT can be prescribed in tablets, creams, gels or implants. These options are best discussed with your doctor.



With the removal of the womb/uterus, the most obvious change will be no more monthly periods. However it does also mean there is no possibility of becoming pregnant, therefore no need for any form of contraception.

Most women will stay in hospital for a few days. Vaginal bleeding will occur and can last up to 2-3 weeks in most cases. Therefore sanitary pads opposed to tampons should be used. Hysterectomies can be combined with a vaginal repair.

## Vaginal Repair

A vaginal repair is generally indicated when a pelvic organ prolapses from its original position. There are several different types of prolapse which can involve the bladder, uterus, abdominal contents or rectum (back passage).

Most patients report a heaviness, a dragging sensation or a presence of soft tissue at the vaginal entrance. In most cases involving a prolapse, an operation can be performed to stitch the organs back into their original position. Therefore patients will still experience periods and possibility of getting pregnant in those who have not reached menopausal age. This procedure is performed vaginally, although in some cases an incision into the abdomen may be indicated.

Occasionally mesh like material is inserted to help support the organs. Most women will be admitted to hospital for a couple of days but some do go home on the same day as their operation.

It is normal to bleed following surgery, therefore pads instead of tampons should be used.

# Post-Surgery

Following surgery it is important to regularly complete the following to promote your recovery, reduced pain and reduced any risk of a blood clot.

## **DEEP BREATHING EXERCISES AND COUGHING**

Deep breathing helps to reduce the effects of anaesthetic and reduced any nausea. Coughing is common following surgery but is can be painful. It is safe to cough but ensure you support your abdominal wound with your hands, and if you are lying in bed, bend your knees. If you are sitting, lean forwards to reduce the pressure/strain on your abdominal muscles. It is important to complete 3 deep breaths every hours whilst you are aware.

## **CIRCULATION**

Paddling and circling your ankles, 10 times every 15-30minutes will help to reduce any swelling in your feet and ankles. This will also prevent any blood clots forming. As you paddle your feet, squeeze your buttocks and push your knees into the bed. Thus helping to improve your circulation.

You will be given compression stockings which should be worn for the initial 4-6 weeks after surgery. Keep yourself mobile, little and often throughout the day and increased as you feel able to, to promote your recovery.

Swelling with pain and redness in the legs or shortness of breath with no or very little movement, could indicate you have a blood clot. Therefore it is important to seek immediate medical help.

## **RELIEVING TRAPPED WIND**

This may be an issue for you, causing pain or discomfort. You can relief this by massaging your abdomen in circular/stroking motions: start at your right groin and move up to your ribs, across your stomach and down to the left groin.

Knee rolling from side to side whilst lying on your back with your knees bent is another exercise to alleviate trapped wind, and stimulate bowel movement. Walking and remaining hydrated is also important.

## **OPENING YOUR BOWELS**

This can take a few days but this is perfectly normal. Try to avoid the straining and it may help to raise your feet onto a box/block, lean forwards with your elbows onto your knees and relax. Try to eat a soft diet including fluids, fruit and vegetables.

## **EXERCISE**

You are encouraged to walk slowly and within your limitations for the initial week. Following once week you should be able to walking 30 minutes per day, briskly. At 6 weeks post-surgery, you should be able to start swimming, low impact aerobics and cycling on the flat. Medium impact exercise cannot start until 8 weeks or when you have good control/activation of your pelvic floor muscles: yoga, Pilates, golf, bowls. High impact exercise is advised following 12 weeks as long as you have good pelvic floor muscle activation to complete activities such as tennis, running and cycling on any terrain.

## Further Information

If you require further information and advice regarding this condition, please contact via the following to arrange an appointment with Nicola. The initial appointment will be an hour and all follow-ups 30 minutes:


**Online booking:** [npphysio.co.nz](http://npphysio.co.nz)

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