

OG02lite Vaginal Hysterectomy

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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This document will give you information about a vaginal hysterectomy. If you have any questions, you should ask your GP or relevant health professional.

What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation to remove your uterus and cervix through your vagina. It is possible also to remove your ovaries but they will usually be left alone (see figure 1).

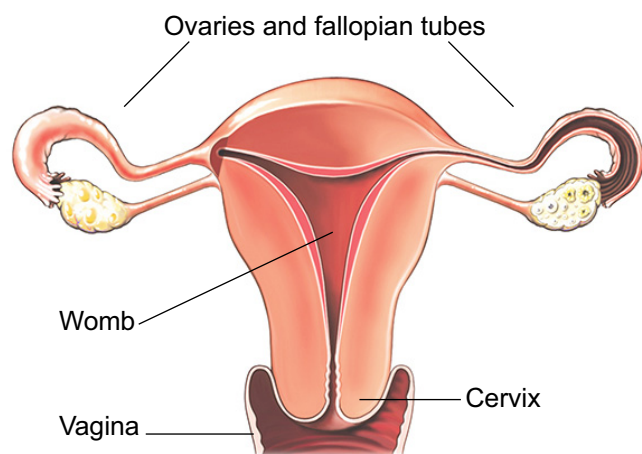


Figure 1

The womb and surrounding structures

Common reasons for having a vaginal hysterectomy include uterine prolapse, heavy or painful periods, and fibroids, where the muscle of your womb becomes overgrown.

What are the benefits of surgery?

A hysterectomy may cure or improve your symptoms. You will no longer have periods.

Are there any alternatives to a vaginal hysterectomy?

Symptoms of a uterine prolapse may be improved by doing pelvic floor exercises. Heavy periods can be treated using oral medications, an IUD (intra-uterine device), or by removing only the lining of your womb. Depending on the size and position of fibroids, you can take medication to try to control the symptoms. Other treatments include surgery to remove the fibroids only or uterine artery embolisation.

What does the operation involve?

The operation is usually performed under a general anaesthetic. The operation usually takes about 45 minutes.

Your gynaecologist will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix.

They will usually stitch the support ligaments of your womb to the top of your vagina to reduce the risk of a future prolapse.

What complications can happen?

1 General complications

- Pain
- Feeling or being sick
- Bleeding
- Infection of the surgical site (wound)
- Blood clots

2 Specific complications

- Pelvic infection or abscess
- Damage to structures close to your womb
- Developing an abnormal connection
- Conversion to an abdominal hysterectomy
- Developing a collection of blood
- Vaginal cuff dehiscence

Long-term problems

- Prolapse
- Continued pain
- Tissues can join together in an abnormal way
- Stress incontinence
- Feelings of loss (a hysterectomy will make you infertile)
- Menopause, even if your ovaries are not removed

How soon will I recover?

You will usually be able to go home after one to three days. Rest for two weeks and continue to do the exercises that you were shown in hospital. You can usually return to work after four to six weeks, depending on your type of work.

You should be feeling more or less back to normal after two to three months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A hysterectomy is a major operation usually recommended after simpler treatments have failed. Your symptoms should improve.

Acknowledgements

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