Getting Better Sooner following your Hysterectomy
Information for patients

This leaflet is intended for women having a hysterectomy at the hospital. It has been prepared to inform you of what you need to do before coming in for your procedure, as well as what to expect during your stay. It is intended to complement the presentations you will hear at the Hysterectomy Information Session where you will be able to ask any questions that you may have.

More detailed information about your surgery is contained in the booklet “Hysterectomy, Vaginal Repair, and Surgery for Stress Incontinence” that your consultant will have given you at your Outpatient appointment. Please note that this booklet is produced for national use and may not completely reflect the specific care and treatment you will receive at Hillingdon Hospital.

Here at Hillingdon we are using the latest proven techniques to help our patients reach the best possible recovery, often in less time than is usual with more traditional methods of care. These techniques will be explained during the Information Session. If you have any questions at any time during, or after, the session (or during your stay) please do not hesitate to ask your nurse or doctor – we are never too busy to help.

How long will I stay in hospital?
This will depend on the type of hysterectomy you have and how quickly you recover. As a general guide, laparoscopic (keyhole) hysterectomy patients may expect to go home the following day, vaginal hysterectomy patients may stay two to three nights, and abdominal hysterectomy patients will often stay three to four nights.

When you leave hospital, we advise that you avoid certain activities (please refer to the accompanying leaflet “Physiotherapy Advice Following Hysterectomy, Repair and Other Gynaecological Operations”). If possible, make arrangements for somebody to be available to help and support you for the first week or so after going home.
What are the visiting times?
Visiting times are 2:00pm to 5:30pm and 6:30pm to 8:00pm each day. The doctors will see you on the ward round every morning after your operation. Ward rounds are usually between 8:00am and 10:00am.

If you wish to, you may have a friend or family member with you while the doctor is reviewing you. They will be very welcome but must leave the ward after the doctor has seen you. Please ask any of the ward staff for more information about this.

How do I prepare to come in to hospital?
Make sure that you understand the different types of procedure, which one you are having and why you are having it, the benefits, risks and alternatives. Read the booklet “Hysterectomy, Vaginal Repair, and Surgery for Stress Incontinence” if you haven’t already done so, and do not hesitate to ask any questions.

You will be seen in the Pre-Operative Assessment clinic where we will ensure that you are fit for surgery and will carry out any routine blood tests. As your operation is planned for the same day as your admission, please have nothing to eat after 12 midnight before your admission.

You can drink clear fluids (nothing containing milk) early on the morning before you come in but nothing at all after 6:30am. Please remove any nail varnish and/or any temporary henna tattoos from your fingertips before coming to the hospital because the hospital staff need to be able to observe the colour of your fingernails and fingertips as an indication of your oxygen levels.

What should you bring with you to hospital?
- A towel
- Soap, shampoo, toothpaste, toothbrush, etc
- Sanitary towels and underwear
- A comfortable pair of slippers with non-slip soles
- Loose fitting day clothes, such as jogging pants and a t-shirt
- Night clothes and a dressing gown
You may want to bring a small amount of cash for newspapers, etc
Please leave all valuables (jewellery, etc) at home
Please have a bath or shower on the morning before you come in.

Arriving at the hospital

Please arrive at Fleming Ward, at 7:30am on the day of surgery (unless specifically advised otherwise). To gain access to the ward you will need to ring the buzzer. A nurse will collect you and take you to a room to check your blood pressure, pulse, temperature and breathing.

You will then be seen by the anaesthetist and a member of your surgical team who will tell you when to expect to go down into theatre and confirm when you should expect to go home.

If you haven’t already signed a consent form you will be asked to do so. You will then be given an opportunity to get changed and to put on some special surgical stockings that help to reduce the risk of blood clot formation. It is not too late to ask any questions.

Surgery and anaesthesia

When the theatres are ready for you, your ward nurse will take you down to theatres. First, you will be anaesthetised in the anaesthetic room. Most of the operations are done under full general anaesthesia. In some instances spinal anaesthesia may be used when you will be awake but numb below the waist. The decision to receive spinal anaesthesia is made by you in discussion with the anaesthetist.

While you are under anaesthetic your doctor will put a urinary catheter (a small tube) into your bladder and an intravenous cannula (another small tube) into a vein in your hand or your arm.

At the end of the operation you will be taken to the recovery room where you will wake up from the anaesthesia. You will be given painkillers and made comfortable. Your heart, blood pressure and breathing will be monitored and you will receive oxygen.
You will be in recovery for about 30 minutes to one hour. When you are ready to go to the ward your ward nurse will take you from recovery to Fleming Ward.

Back on Fleming Ward after the operation

Pain Control
Not everyone experiences pain and/or sickness following an operation. If you do, you should tell the nursing staff who will be able to help. It is important that your pain is controlled so that you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You will be prescribed both tablets and rectal suppositories to control your pain. These work in different ways, therefore it is important to take them all in combination three or four times a day. In some cases on the first day you may not be allowed to take oral medication. In this case we will give you a pain killer using a pain pump (PCA) containing morphine. You will be given a handset to press to give yourself a small dose at each press. This is a special pump which is safe to use. You will continue to use this until you are eating and drinking sufficiently to have tablets.

Nausea and vomiting
You will be already have been given medication during your anaesthetic to reduce post-operative nausea and vomiting. Further medications will be prescribed for you for use on the ward. Your post-operative nausea and vomiting will be monitored on the ward. Please inform your nurse if you are nauseous or vomiting so that she can give you anti-sickness medication.

Tubes and drips
The tube that was put into your bladder during surgery (urinary catheter) will normally be removed on the day after your operation. Sometimes it needs to stay in longer. If that is the case for you, the reasons will be explained. You will still have a tube (intravenous cannula) going into a vein in your arm (or hand). The drip connected to it is usually stopped once you are drinking enough.

Vaginal pack
You may have a vaginal pack (a long piece of gauze, similar to a tampon, placed inside the vagina) that some ladies find uncomfortable.
This is removed by your nurse while you are in bed the morning after surgery. You may experience some soreness or discomfort.

**Nursing checks**
Many different things will be monitored by the nursing staff during your stay, including:
- How much you are drinking
- How often you go to the toilet to pass urine
- How much you are eating
- Bowel movements
- How much pain you are feeling
- Whether you feel sickness/nausea
- How far you can walk and how often
- How much time you spend out of bed
- How your wound is healing
- Whether you have any vaginal bleeding
- Your temperature and blood pressure

**Mobility**
Please refer to the accompanying leaflet “Physiotherapy Advice Following Hysterectomy, Repair and Other Gynaecological Operations”.

Generally, on the same day as your operation, you should aim to sit up in bed. The staff will help you to sit up after your operation and will encourage you to get out of bed as soon as you feel comfortable to do so. By being out of bed in a more upright position and by walking regularly, lung function is improved and there is less chance of chest infection as more oxygen is carried around the body to the tissues.

Try and wear your day clothes after your operation as this can help you feel positive about your recovery.

**Eating and drinking**
Eating and drinking as soon as possible after your surgery has been proven to aid faster recovery. You may feel able to start drinking a few hours
after your operation. You may also be able to eat something on this day if you wish, depending on the type of surgery you have had. If you feel that you want to eat, please ask your nurse.

**Smoking**
The Trust operates a no smoking policy in its buildings and grounds. Smoking is not allowed anywhere on the hospital grounds by patients, visitors and staff. If you have concerns about this policy or you wish to explore whether you can access nicotine replacement therapy while you are in hospital, please speak to the doctor caring for you. Advice on how to stop smoking is available by calling 0800 169 0169.

**Your Bedside Guide**
General information about the hospital, meal times, etc. is contained in "Your Bedside Guide" (a folder of information that you will find on the cabinet at your bedside).

**The next day, after your operation**
Your surgeon will have agreed with you a planned date of discharge before you had your surgery. This date will be reviewed with you every day and may change if your recovery is going more quickly, or slowly, than expected.

**Walking about**
You should spend as much time out of bed as you feel comfortable with and should be aiming to be fully mobile by the third day after your operation.

**Eating and Drinking**
You will be encouraged to resume normal eating and drinking.

**Preparing to go home**
It will help your recovery if you feel confident about going home. If there is anything worrying you, or anything you think we could do to help, please ask.

**Before you leave you will need to;**
- Make arrangements for someone to take you home (don't forget your door keys). Hospital transport and ambulances are only available in special medical circumstances
• Make arrangements for suitable clothing to be brought in for you (if you don’t already have some with you).
• Arrange for the return of any valuables
• Ask your nurse about sickness certificates if you think that you may need one
• Make sure that you have an ample supply of paracetamol and ibuprofen at home

On the day you leave hospital

You will have been kept advised of your planned date for leaving hospital and any changes to this date, throughout your stay.

We aim to send patients home from 8:00am to allow for new patients to be admitted. If you cannot be collected until the afternoon, you will be asked to wait in the discharge lounge. This is a comfortable area staffed by nurses.

Before you leave, your nurse will;
• make sure that you know what to do and who to contact if you are worried about anything after you go home
• answer any questions you may have about going home and resuming normal activities
• give you copies of any letters about your care (ie the discharge letter sent to your GP)
• give you any drugs you need to take at home, and explain when to take them
• complete any relevant paperwork with you

Back at home

Please refer to the section on Physiotherapy Advice after Leaving Hospital in the accompanying leaflet “Physiotherapy Advice Following Hysterectomy, Repair and Other Gynaecological Operations”.

You may feel much better than you expected but your body still needs time to fully recover, so please be careful not to over-exert yourself for at least six weeks after going home.
Most patients do not need to come back to hospital to see their consultant for a check-up. Complications do not happen very often (see the booklet “Hysterectomy, Vaginal Repair, and Surgery for Stress Incontinence” which gives more information about possible complications).

**What If I have any concerns after leaving hospital?**

For example

- If you feel at all unwell
- If you have a raised temperature / fever
- If you have pain that is persistent or does not get better with painkillers
- If you have heavy or smelly vaginal bleeding

Please do not hesitate to contact us at any time in the first few days after you leave hospital.

**Contact telephone number - Fleming Ward - 01895 279528**

Alternatively, you may wish to visit your GP (family doctor).

**Your opinion is important to us**

A member of hospital staff may telephone you a week or two after you go home as part of a patient satisfaction survey. Your participation in this survey is entirely voluntary. If you do choose to take part your identification will be kept anonymous but themes from your experience may be used to highlight areas for improvement in our service.
Languages/ Alternative Formats

Please call PALS (Patient Advice and Liaison Service) if you require this information in other languages, large print or audio format on 01895 279973.

Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

If you need this information in other languages, please call PALS (Patient Advice and Liaison Service) on 01895 279973.

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, popроś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973查詢。

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شرطي صوتي، يرجى الاتصال بالرقم التالي 01895279973.