

Patient information factsheet

Recovering well after an abdominal hysterectomy

We have given you this factsheet because you have had a major surgical procedure called an abdominal hysterectomy. This is an operation to remove the womb through a surgical cut in the tummy.

This factsheet explains what to expect after your surgery and how you can help your body to recover well. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Common symptoms after an abdominal hysterectomy

Bleeding

After your surgery, it is normal to experience vaginal bleeding for approximately one to two weeks. This bleeding is like a light period and will be either red or brown in colour. Some women may have little or no bleeding at first, followed by a sudden release of old blood or fluid around the tenth day after surgery. However, this typically stops quickly. If you are concerned at all, contact us for advice.

Use sanitary pads during this time. Avoid using tampons because they can increase the risk of infection.

Pain

It is normal to feel pain and discomfort in your lower abdomen (tummy) for the first few days after your surgery. Take over-the-counter pain relief medication, such as paracetamol or ibuprofen, to help with this (remember to always read the instructions supplied with the medications).

If you need stronger pain relief medication, we will discuss this with you before you go home and if appropriate, we will prescribe this for you, along with instructions on how to take it.

Some pain relief medications (such as those containing codeine or dihydrocodeine) can cause side effects which may make you feel:

- sleepy
- nauseous (feeling sick)
- constipated (when your bowel movements are tough or happen less than three times a week)

To help prevent constipation, follow the instructions and advice we have given you about adding more fruit and fibre to your diet while you are taking pain relief medication.

Taking pain relief medication as prescribed will help you to get up and moving sooner, which will speed up your recovery and help prevent blood clots forming in your legs or lungs.

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If you have any concerns or experience severe pain or pain that won't go away, contact us for advice. If we need to see you in person to assess your condition, we will arrange an appointment for you.

Take your next dose of _____ (pain relief medication) at _____ (time).

Bowels

Your bowel movements may take time to get back to normal after surgery. In addition to eating more fruit and fibre, we may advise you to take laxatives (a type of medicine used to treat constipation) to begin with.

To avoid straining, you should also use the 'bulge and brace' technique to help you poo. For this technique, you need to place a footstool under your feet while you are sat on the toilet, then lean forward with your forearms resting on your thighs. Try and 'brace' your tummy muscles. This is best done by placing your hands on your waist. Expand your waist and feel your hands being pushed out sideways. For more information, see our 'Bulge and brace technique' factsheet which can be found on our website:

www.uhs.nhs.uk/for-patients/patient-information-leaflets

When to seek medical advice

Most women recover well after having an abdominal hysterectomy. However, as with any surgery, there can be complications.

Contact Bramshaw Women's Unit on **023 8120 6035** (up to two weeks after your surgery) or contact your general practitioner (GP) or NHS **111** if you experience:

- increasing abdominal (tummy) pain
- a fever (a temperature of 38°C or above)
- loss of appetite and vomiting (being sick)
- any difficulty passing urine, a burning or stinging sensation when passing urine or passing urine more often than usual
- a painful, red, swollen, hot leg or difficulty bearing weight on your legs (this may be caused by a deep vein thrombosis - DVT)
- an offensive smelling discharge from the surgical site or from your vagina

Before you leave hospital, we will give you your discharge summary which explains that you have had an abdominal hysterectomy. You must ensure you take this with you if you become unwell after the procedure and need to see a healthcare professional. Show this to the healthcare professional caring for you.

Recovering from your surgery

DVT prevention

After surgery, there is a small risk of blood clots forming in your legs and pelvis. To lower this risk after your surgery, you should:

- keep moving
- do regular leg exercises while you rest (for example, pointing your toes down and bending the foot up, and rotating your ankles)
- not spend long periods of time with your legs crossed

For more information about preventing blood clots after having surgery, please read the 'Preventing blood clots' factsheet that we gave you at your pre-assessment appointment.

If you have had surgery to treat cancer, are overweight or have other health issues, we may also advise you to:

- wear compression stockings
- have daily enoxaparin injections (a medicine used to prevent blood clots)

If any of the above apply to you, we will discuss this with you and provide relevant instructions before you go home.

Wound care

Your wound may have been closed with stitches, staples, clips, or glue. Glue and some stitches dissolve on their own, while other types of wound closure need to be removed. Before you leave hospital, we will give you information on which type of stitches you have and where to have the stitches removed if needed. Typically, a practice nurse at your GP surgery will remove them about nine to ten days after your surgery.

Please note that stitches in your vagina are usually dissolvable and do not need to be removed. It is normal to notice a stitch or part of a stitch coming away after a few days or weeks, so please do not be concerned.

Your wound will initially be covered with a dressing. For the first 24 hours after your surgery, it is important that you keep your dressings dry.

Washing and showering

Unless we have given you different instructions, you can remove your dressings approximately 24 hours after your surgery to have a shower or bath. Don't be concerned if your scars become wet - simply make sure to pat them dry with a clean disposable tissue or allow them to air dry. Keeping scars clean and dry promotes healing.

Rest and exercise

After surgery, it is normal for you to feel tired. You will need to take it easy and make sure you get enough rest.

You should keep moving by getting up and walking regularly in the first few days after your surgery. You should build up your activity gradually and be guided by how your body responds. If you experience any pain, reduce how much you are doing for a few days. You may find breaking certain tasks into smaller parts and having regular breaks helpful.

You can carry out light household activities and light exercises, such as:

- walking or light cycling
- gentle stretches
- pelvic floor exercises (sometimes called 'Kegels')

While you recover, you should avoid:

- lifting heavy objects (anything more than a full kettle of water or three kilograms)
- very physical housework (such as vacuuming) until three to four weeks after your surgery
- standing for long periods of time

If your mobility is reduced for any reason, it is important that you try to move your legs as often as possible.

Pelvic floor exercises

Pelvic floor exercises are important to help:

- keep your pelvic organs in the correct position
- prevent urinary or bowel incontinence (problems controlling your bladder or bowels)
- improve your sexual function

To identify your pelvic floor muscles, imagine holding back gas or squeezing inside your vagina.

Practise short squeezes (this is where you tighten your pelvic floor muscles as quickly as you can and then let go straight away) and long squeezes (this is where you tighten your pelvic floor muscles as hard as you can for up to ten seconds or to the point when your muscles start to relax). Gradually increase these exercises so that you are able to do ten long squeezes and ten short squeezes. Perform these exercises at least three times a day. Start in a lying down or sitting position and then, when you are ready, progress to doing these exercises in a standing position.

You should also tighten your pelvic floor muscles before doing any activities that put pressure on these muscles, such as picking something up or coughing. This is known as the 'knack technique'.

You should exercise your pelvic floor muscles every day for life and seek professional help if needed.

For more information about pelvic floor exercises, see our 'Pelvic floor muscle exercise sheet' which can be found on our website:

www.uhs.nhs.uk/for-patients/patient-information-leaflets

Daily routine

When you return home, you may find it helpful to create a daily routine, as this will keep you motivated and give you something to focus on. For example:

- wake up at a set time (avoid sleeping in or staying in bed longer than usual)
- have a wash or a shower
- brush your teeth
- get dressed
- stay active

Positive outlook

After your surgery, you may feel more tired as your body works to heal itself. In the days after surgery, you may need to take rests during the daytime.

A hysterectomy can be emotionally stressful and may make you feel more emotional than usual. When you are extremely tired, these feelings can be even more intense. Some people find that after having a hysterectomy their emotional well-being takes longer to improve than their physical well-being. Speak to your GP if you have feelings of depression that will not go away, as they can advise you about the available treatment options.

Your mindset about your recovery will play a large role in how your body heals and how you perceive your well-being. You should use your recovery time as an opportunity to make positive, lasting lifestyle choices.

Factors that can slow recovery

Factors that can slow your recovery include:

- pre-existing health issues
- smoking
- being overweight
- complications during the surgery

If you are a smoker, quitting smoking during your recovery can reduce your risk of infection and respiratory issues, particularly after having anaesthesia. Even if you stop smoking temporarily, this will have an immediate positive effect on your health.

Each person's recovery is unique, and if you feel your progress is not as expected despite following our advice, speak to your GP.

Sex

You should allow four to six weeks after your surgery before having sex. This is because you are at a higher risk of infection and need to give your body a chance to heal. After this time, it is then safe to have sex – if you feel comfortable. If you experience any discomfort or dryness (which is more common if your ovaries have been removed at the time of the hysterectomy), you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

Driving

Each insurance provider has their own set of conditions on when you can resume driving while being insured. We advise you to review your insurance policy for specific details.

Before getting behind the wheel, several factors should be considered, such as:

- the absence of sedative effects from any pain relief medication
- being able to comfortably sit in the car and operate the controls
- being able to wear the seatbelt without discomfort
- being capable of making an emergency stop
- being able to look over your shoulder comfortably for manoeuvring

Typically, it takes around four to six weeks after you have surgery before you can comfortably drive again. We recommend you practise the above movements in your car without inserting the keys into the ignition. Check to see whether you can perform an emergency stop and a three-point turn without experiencing any pain or discomfort. When you feel comfortable enough to resume driving, you should gradually build up your driving routine, starting with short journeys.

Returning to work

Take your time when returning to work after surgery as you may experience more fatigue (extreme tiredness) than usual. You should gradually increase your work hours and physical activities.

If you've been gradually increasing your physical activity at home, you should be able to go back to work after six weeks without complications. Returning to work helps you to recover as it gets you back to your routine, preventing isolation and depression. It's normal to experience some discomfort to start with, but you can start with shorter hours or lighter duties and gradually build up. Consider starting mid-week for a planned break. Remember, the decision to return to work is yours. Don't let others pressure you into returning before you are ready. If you need any further advice or support, speak to your GP or occupational health department.

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Contact us

If you have any questions or concerns, please contact us.

Bramshaw Women's Unit

Telephone: **023 8120 6035** (24-hour line)

Useful links

www.rcog.org.uk

Adapted from: Royal College of Obstetricians and Gynaecologists. 'Abdominal hysterectomy – recovering well'. Patient Information Leaflet. London: RCOG; 2015, with the permission of the College.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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