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Having an abdominal (open) hysterectomy

This information leaflet is for women who have decided to have an abdominal (open) hysterectomy. It will outline what the procedure entails, risks and complications of the operation, as well as what to expect during your recovery?

What is an abdominal hysterectomy?

There are different types of hysterectomy including:

1. **Total hysterectomy:** where both the uterus (womb) and cervix (neck of the womb) are removed;
2. **Sub-total hysterectomy:** where just the uterus is removed, and the cervix is not.
3. **Total hysterectomy with salpingo-oophorectomy:** removal of uterus, cervix, one or both or your ovaries and your fallopian tubes at the same time.

The gynaecologist will discuss with you the type of hysterectomy you will have, before your operation. It will depend on the indication and your personal circumstances.

Why is a hysterectomy sometimes necessary?

- Heavy or frequent periods that do not improve with medical or other treatments.
- Uterine fibroids (non-cancerous growths in muscle layer of the womb).
- Prolapsed womb, where weakened ligaments and muscles cause the womb to drop.
- Endometriosis (cells of the lining of the womb) found outside the womb or Adenomyosis (cells of the lining of the womb) found within the muscle layer of the womb.
- Severe, recurrent or untreatable pelvic infection.
- Cancer of the vagina, cervix, uterus, fallopian tubes or ovaries.
- Your ovaries may also be removed due to non-cancerous cysts, masses or if you have gone through the menopause.

What happens during an abdominal hysterectomy?

- The operation requires a general anaesthetic where you will be asleep.
- A cut is usually made across the top of your pubic hairline, but it may sometimes run down from your belly button to your pubic hairline.
- The uterus, cervix (plus or minus tubes and ovaries) are removed, as discussed.
- Your cut will be closed by stitches or staples. Some stitches are dissolvable so won’t need removing.

What are the risks or potential complications of abdominal hysterectomy?

Being fit and healthy before your operation reduces your risk of developing complications. We would aim for any pre-existing medical or potential problems, e.g. diabetes, hypertension, anaemia, overweight, to be in a stable and safe state.

- **Bleeding:** There is a small risk of heavy bleeding during or after an abdominal hysterectomy. This may rarely require a blood transfusion, return to theatres or/and admission to an intensive care ward. **Infection:** This could be a wound infection or a urine infection. These aren't usually serious and can be treated with antibiotics. Rarely, infection can also occur within the abdomen (risk of less than 1 in 100 women).
- **Blood clots in the legs or lungs:** We will encourage you to start moving around as soon as possible after your operation to reduce the risk. You may get a blood thinning injection, wear special stockings or special boots that inflate and deflate while in hospital to reduce the risk of clots.
- **Internal organs injury:** See below.
  - **Ureter damage:** Rarely, the ureter (tube that passes urine from the kidney to the bladder) may be damaged during surgery (risk is 1 in 100 to 150 women).
  - **Bladder or bowel damage** may also rarely occur. These injuries are usually repaired during the operation. If necessary, you may need a temporary catheter to drain your urine or a colostomy to collect your bowel movements.
- **General anaesthetic:** It is very rare for serious complications to occur after having a general anaesthetic (1 in 10,000 anaesthetics given).

How should I prepare for my operation?

Please follow the instructions given to you during your pre-operative assessment appointment regarding eating and drinking and medications prior to your operation.

- **Unprotected sexual intercourse:** Please ensure you do **not** have unprotected sexual intercourse after your last menstrual period.
- **Pregnancy:** If you are, or think you may be pregnant, you should **not** have the procedure. Please contact the hospital number on the appointment letter before your appointment for further advice.

What might I expect right after an abdominal hysterectomy?

- **Length of hospital stay:** You usually will be admitted on the day of your operation. Most women are able to go home between two and four days after their operation.
- **After-effects of general anaesthesia:** During the first 24-hours you may feel more sleepy than usual and your judgement may be impaired. These after-effects will usually not last more than a day.
- **Pain and discomfort:** You will have some pain and discomfort in the first few days after your operation. Strong painkillers will control your pain in hospital. Simple painkillers such as Ibuprofen and Paracetamol usually provide enough pain relief once you are home.
- **Vaginal bleeding:** You can expect to have some vaginal bleeding for one to two weeks after your operation.
- **Trapped wind:** Your bowel may slow down temporarily resulting in trapped air or ‘wind’. This may cause some pain or discomfort until you pass it. Walking around will help. Peppermint

tea or water may also ease discomfort. We also recommend you chew chewing gum from two hours after your operation. Continue doing so every two hours for 15 minutes, until you pass wind. This is to reduce the risk of developing bowel complications (post-operative ileus). Please bring your own chewing gum with you.

- **Eat and drink:** You will have a drip in your arm to provide you with fluids. You will normally be able to eat and drink a few hours following your operation. When you can drink again, the drip will be removed.
- **Catheter:** You will have a catheter (tube) put in your bladder to allow drainage of your urine. This will be removed at/by midnight following your operation, or occasionally the day after your operation. It may be left in for longer if you experience problems passing urine.
- **Drain:** Occasionally, a drain (small tube) is put into the abdomen to drain off any blood or fluid that may accumulate immediately after your operation. This will be removed before you are discharged.

What might I expect after I have been discharged?

Before you leave hospital, we will give you instructions about who to contact if you have any worries, and your surgeon will discuss follow-up arrangements.

- **Activity and work:**

Weeks 1-4: Rest and gentle activity.

Weeks 4-6: Light duties e.g. desk work.

After week 6: Gradually restart normal activities.

- **Exercises:** You can start light exercises from four to six weeks after your operation. Exercise levels should increase gradually to your normal levels by six to 10 weeks after your operation.
- **Washing:** For the first four weeks shower or kneel in shallow water. Do this rather than soaking in the bath to allow the internal wounds to heal without getting wet.
- **Sex:** Avoid penetrative sex for at least six weeks after your operation, to allow the internal wounds to heal sufficiently.
- **Driving:** Avoid driving for at least six weeks after your operation. Please check your motor insurance policy and ensure you can perform all manoeuvres without causing yourself any discomfort or pain before you resume driving.
- **Cervical smears:** When the uterus and cervix are removed, you no longer need to have smears. However, in some women it may be necessary to continue having smears from the top of the vagina (vault). Check with your gynaecologist if this applies to you.
- **Menopause:** After a hysterectomy and removal of ovaries, you may start having menopausal symptoms immediately, if you have not already gone through a natural menopause. If your ovaries were not removed at your hysterectomy, you may still experience menopausal symptoms earlier than expected.

What worrying signs should I look out for once I've left hospital?

You should seek medical advice if you experience any of these symptoms:

- Burning and stinging when you pass urine – may be due to a urine infection.
- Vaginal bleeding that becomes heavy or smelly or/and feeling unwell and a temperature (fever) – may be due to an infection or a small collection of blood at the top of the vagina

called a vault haematoma.
- Red and painful skin around your scars – may be due to a wound infection.
- Increasing abdominal pain.
- Redness, swelling or pain in leg – may be due to a blood clot (deep vein thrombosis).
- Shortness of breath or chest pain or coughing up blood – could be a sign that a blood clot has travelled to the lungs (pulmonary embolism).

Where can I find more information?

- Royal College of Obstetricians and Gynaecologists – www.rcog.org.uk/en/patients/patient-leaflets/abdominal-hysterectomy/
- The Hysterectomy Association – www.hysterectomy-association.org.uk/
- Women's Health Concern – www.womens-health-concern.org/help-and-advice/factsheets/hysterectomy/
- NHS Website – www.nhs.uk/conditions/hysterectomy/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Gynaecology / S Philip, Consultant Obs & Gynae, October 2022
Reviewed: June 2025
Next review due: June 2027