Royal Berkshire
NHS Foundation Trust

# Post-partum hysterectomy (removal of the uterus/womb after giving birth)

**This leaflet explains what happens when a woman needs a post-partum hysterectomy following complications during giving birth. It explains why and how it is done, and what to expect afterwards. If there is anything you do not understand or if you have any questions, please speak to your midwife or doctor.**

## What is post-partum hysterectomy?

This is an operation that involves removal of the uterus (womb). This is an uncommon situation in the UK, with around 1 in 1000 women having this procedure done shortly after childbirth in this hospital, as there is a range of treatments used before such surgery which can save both future fertility and the mother's life. It may be performed in an emergency to save the life of a woman with persistent bleeding after childbirth. Less frequently, it can be a planned procedure, often at the same time as Caesarean birth.

## Why is it performed?

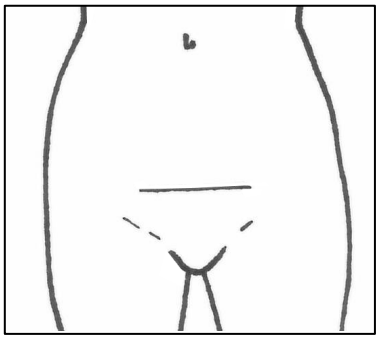
The most common reason is severe bleeding from the uterus that cannot be controlled by other measures. There is a link to Caesarean birth, particularly if the placenta for the most recent baby is both low in the uterus (placenta praevia), and deeply adherent (placenta grows too deeply into the uterine wall, known as placenta percreta or increta), so not separating fully after the birth of the baby. A more common cause of heavy bleeding is 'uterine atony', which is the inability of a womb to contract after the birth, as well as large or multiple fibroids and blood clotting problems. Most of these situations can be treated with medications or sophisticated procedures in the Interventional Radiology Department.

## How common is it?

The incidence rate is 0.05-0.1% (less than one out every 1000 women) of all births and 0.5% (one in 200 women) of all Caesarean births. At the RBH we do about four hysterectomies a year immediately after childbirth. Although the procedure is not common, it seems to becoming more so as there are increased numbers Caesarean deliveries, which are a major risk factor for hysterectomy.

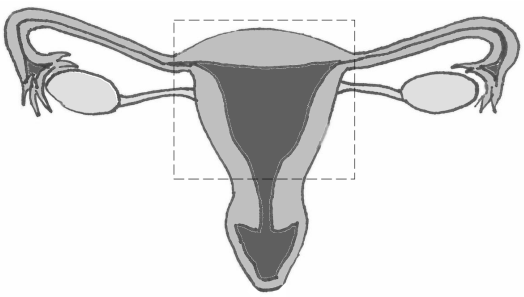
## What type of incision (cut) will be performed?

A' post-partum hysterectomy' is usually carried out through the same incision (cut) that is normally used to perform a Caesarean section. It is approximately 10cm long, and is usually made across the top of your pubic hairline (bikini line).



## What happens during the operation?

The surgery involves the removal of the uterus, leaving behind the cervix (neck of the womb), ovaries and the tubes. This is also called subtotal or supracervical hysterectomy. The ovaries are **not** removed.



**Post-partum hysterectomy**
*(removing the uterus but not the cervix)*

## What are the complications?

Most women having a post-partum hysterectomy have already become vulnerable to becoming extremely unwell, and will need specialised monitoring of their blood clotting, liver and kidney functions over the coming days. However, as with any surgical procedure, there are a number of surgical complications that can potentially occur. These include:

- Heavy bleeding during or after the operation. This will require transfusion of blood products and clotting factors.
- Damage to the bladder or ureter (tube from kidney into bladder) – *this affects 7 women in every 1000.*
- Damage to the bowel – *this affects 4 in every 1000 women.*
- Return to theatre due to bleeding or due to wound problems – *this affects 7 in every 1000 women.*
- Pelvic abscess or infection – *this affects 2 in every 1000 women.*
- A blood clot in leg or lung can occur – *this affects 4 in every 1000 women*.

## What will happen after the surgery?

You will be cared for in the Delivery Suite as a high-risk patient, or in the Intensive Care Unit (ICU) of the hospital. Your blood pressure, pulse and temperature will be monitored regularly during this time. This is routine and will allow the medical staff to ensure there are no post-operative complications.

- **Pain relief:** The type of pain relief you receive will be discussed with the anaesthetist before the operation. You may receive pain relief using a patient controlled analgesia (PCA) pump. This is a machine that allows you to control your own analgesia (pain relief) every five minutes.
- **Intravenous (fluid) drip:** You will have an intravenous (fluid) drip in your arm. This is to give you extra fluids that will help to reduce thirst and may speed recovery.

- **Catheter:** You will have a catheter (small tube) in your bladder to drain and monitor urine output. This is usually removed once the doctors are happy with your recovery.
- **Vaginal pack:** You may have a gauze pack (like a tampon) in the vagina; this helps to reduce bleeding by applying pressure to the cervix (neck of womb).
- **Drain:** Quite often, a drain (small tube) is inserted through your lower tummy wall to drain off any blood or fluid that may collect immediately after your operation. This is normally removed by a midwife/nurse 24-48hours after your surgery while you are still in hospital.

Once the doctors are happy with your progress, you will be transferred to postnatal ward where you will stay for next 4-5 days, depending on your recovery.

## Follow up appointment

A clinic appointment will be arranged with a consultant in 6-8 week's time to go through the events. This will help you to get a better understanding of what happened. Before that appointment if you have any questions please note them down and bring them with you to the clinic.

## Post-operative information

Most women still have both a cervix and ovaries after this operation. This means that you will still have cyclical changes in breast tenderness or mood changes if you had them before your pregnancy as the ovaries will still make female hormones. You may, or may not, have a small monthly blood loss from the cervix and remnants of your uterus. However, you cannot become pregnant as these do not connect to the ovaries.

You should still have regular smear tests, in line with the UK cervical screening recommendations.

## Contact information

Postnatal helpline 0300 330 0773 or contact your midwife or community health visitor.

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

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

B Jadoon (ST7), December 2011
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