

Enhanced recovery after hysterectomy

This leaflet will explain what will happen when you come to the hospital for your operation. It is important that you understand what to expect and to feel able to take an active role in your treatment. Your surgeon will have already discussed your treatment options with you, including the benefits, risks and any alternatives.

How long should I expect to be in hospital?

The usual length of stay in hospital for this sort of surgery is between 1 and 2 days. There will be many different health professionals involved in your care during your stay and you will be given a clear plan for any after care needed following your discharge from hospital. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about, then please read your 'Quick guide to coming into hospital for surgery' booklet for further information about your stay in hospital. You can also visit the Trust website to find out more at: www.royalberkshire.nhs.uk

When do I come into hospital?

You will be admitted to the ward on the morning of the operation itself unless there are particular reasons for you to be admitted the evening before. The pre-operative assessment nurse will advise you if you need to come into hospital on the evening before. Your admission date will be confirmed in a letter from the waiting list office, even if you have already been given a date by the surgeon.

What can I eat and drink before the operation?

It is important that you don't fast for a long period before your operation and that you eat and drink as normal the evening before your operation. As well as your evening meal you will be given four cartons of a lemon flavoured drink called Nutricia Pre-op®. This drink is specially designed to give your body nourishment and help you recover.

For information on when to stop eating and drinking before your admission, please refer to the instructions in your letter and the 'Quick guide' booklet and please be aware that mints and chewing gum count as food.

On the morning of your surgery you will be given two further cartons of this Nutricia Pre-op® drink and also be encouraged to drink clear fluids up until two hours before your surgery. The nursing staff on the unit will be able to tell you when this will be – please check with the nurse on your arrival.

Please note: patients with diabetes **will not have** these drinks as they can raise blood sugar.

What should I do before coming in to hospital?

Before you leave home please have a bath or shower and remove any make-up and nail varnish (fingers and toes). Please also remove any jewellery (except wedding rings). We strongly advise you not to bring any valuables with you. Any valuables you do bring should be handed to the ward staff, who will lock your valuables in the ward safe and give you a receipt for them.

What happens when I am admitted?

A nurse will check all your information with you, including contact details for next of kin. You will be requested to wear an identity bracelet at all times whilst you are an inpatient. You will be shown where the ward facilities are.

What will happen on the morning of the operation?

You will be seen on the ward by the consultant anaesthetist and the consultant gynaecologist. They will explain to you the method of pain relief that will be used and also will be able to answer any questions that you may have about the operation. The consultant gynaecologist may ask you to sign an electronic consent form. The nurse will give you a hospital gown and will ask you to remove any dentures, contact lenses and any other prostheses. Anti-embolic socks may be used to minimise the risk of clots and to help your circulation. Flowtron compression boots will also be used during and after your surgery until you are mobile.

When the theatre team are ready for you, a nurse or care assistant from the ward will walk with you to the theatre and introduce you to the nursing staff in the anaesthetic room.

Your anaesthetic

Your anaesthetist will visit you on the morning of the operation. He/she will review your pre-operative documentation, ask any other further relevant questions and explain the planned anaesthetic. There are different ways of giving an anaesthetic and ensuring post-operative pain relief and these will be tailored to the exact type of operation you are having. Most commonly, a general anaesthetic (when you are asleep for the operation) is appropriate. In some cases, a spinal anaesthetic (when local anaesthetic and painkiller is injected into the fluid around the nerves in the back – similar to an epidural) will be suggested, in addition to your general anaesthetic. Other painkillers will be given to you either before or during your surgery, as well as routinely afterwards.

How long will the operation take?

Although the operation itself usually takes no more than an hour and a half, you will be away from the ward for longer than this. There will be time in the anaesthetic room before your operation when you will be connected up to the monitoring equipment and there will be time in the recovery room afterwards when you are waking up after your operation.

What happens in the anaesthetic room?

You will meet your anaesthetist again who will insert a drip into the veins in your arm. Fluid drips are usually in place for the first day only. When the anaesthetist is happy that all of the monitoring equipment is fitted, you will then be sent off to sleep.

What happens in theatre?

You will be moved into the operating theatre and transferred onto the operating table. During your operation, a urinary catheter (a small tube) will be placed into your bladder to collect urine. Depending on the type of operation you are having you may also have a wound drain in your abdomen or a gauze pack in your vagina. These will be removed on the day after your operation. Whilst you are in theatre you will be given a dose of antibiotic to prevent infection.

What will I feel like when I wake up?

You will wake up gradually in the recovery room but may still feel a little sleepy. You may be given some extra oxygen to help you breathe more easily and a fluid drip in your arm. There will be a urinary catheter in place to collect your urine. The nursing staff will closely monitor you as you wake up. This is all routine after a general anaesthetic. Occasionally, you may feel sick or have some pain. It is important to tell the staff so that they can provide medication to relieve these symptoms. When you are fully awake and ready to return to the ward, you will be taken back to the ward on your bed; the nursing staff will accompany you.

What will happen when I go back to the ward?

You will be encouraged to practice deep breathing and to move your legs around. Depending on what time you return to the ward, you will be assisted by the staff to get out of bed for two hours. You may drink freely after your surgery; it is important to eat and drink early after your operation and you will be encouraged to do so. You will be monitored quite closely during this time and you may need to be woken up during the night to have your blood pressure checked.

What can I eat after my operation?

You will be able to eat whatever you like from the day after your operation. Depending on the time of your operation it may be possible to eat on the evening of your operation, staff will advise you. The fluid drip will be removed from your arm as soon as you are eating and drinking adequately. It is important to drink plenty of fluid and to start eating straight after your operation as your body will need the nutrition to help with the repair process.

We also recommend you chew chewing gum from two hours after your operation and to continue doing so every two hours for 15 minutes until you pass wind. This is to reduce the risk of developing bowel complications (postoperative ileus). Please bring your own chewing gum with you.

How quickly will I be up and about?

Depending on the time you return to the ward after your surgery, you will be helped out of bed for two hours. It is important to get moving very soon after surgery as this reduces the risk of

clots in the legs. In addition, you may be given tiny injections of a drug called Enoxaparin under the skin of the stomach to help prevent blood clots. The day after your operation you will be assisted to walk and to remain out of bed for six hours. Continue taking regular tablets for pain relief during this time. We also remove the catheter as soon as possible after the operation to enable you to be as mobile as possible as soon as possible.

When will I be discharged?

We expect you to be in hospital for one to two days. Before you go home, your pain will be controlled by tablets. You will be given a supply of any new tablets that the hospital doctors wish you to take before you leave. You must be eating and drinking and you need to be able to walk about on your own. It is not essential to have someone with you at home although it is preferable that you do. We will make sure that you are able to manage before planning to discharge you from hospital.

What will happen after I am discharged?

Before you leave the ward, your nurse will give you a discharge leaflet giving you clear information and recommendations to follow during your recovery. This leaflet also contains a telephone number that you can call if you need additional advice after your discharge. You may be given an appointment to be seen at the hospital outpatient's department to discuss any results from tests, and also to check that you are recovering well. But if things have been straight forward, your consultant may be reassured that you do not need follow-up. Follow-up arrangements will be discussed with you before you leave hospital.

For women who are having either an abdominal or vaginal hysterectomy, it is important not to do anything strenuous for 4- 6 weeks after the operation.

Walking is encouraged from the day of your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation and until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting until six weeks following your surgery. In addition, if you are planning to restart a routine exercise such as jogging or swimming, you should wait until two weeks after your operation and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wounds are pain free you can normally undertake most activities. It is wise to avoid intercourse for 6 weeks following surgery particularly if you have had vaginal surgery.

You should not drive until you are confident that you can drive safely and perform an emergency stop. A good measure for this is when you have been able to resume most of your normal activities. Usually, this is within four to six weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the steering wheel quickly and confidently. After this time, check with your insurance company regarding coverage. It is recommended that on your first trip you have someone with you who can drive! You should be able to return to work within four to six weeks after your operation. If your job is a heavy manual job, then it is advised that heavy work should not be undertaken until six weeks after your operation.

The operations

A hysterectomy is the removal of the uterus (womb). There are different methods of performing the operation and your gynaecologist will have discussed with you the most appropriate operation and given you the relevant information on the procedure you will be having.

The risks of a hysterectomy

As with any surgery, there are risks to having a hysterectomy. Fortunately, these are usually quite rare. They include:

- **Bleeding** – there is about a 1 in 100 chance that you will bleed such that a blood transfusion will be required.
- **Infection** – although we will give you antibiotics during the operation, there is about a 2 in 100 chance that you will develop an infection. This infection can be in the lungs (particularly if you smoke), the wound, the bladder or inside the abdomen. It will usually settle after a course of antibiotics.
- **Damage to other organs** – there is a small risk (about 2 in 200) that you will sustain an injury to the bladder or bowel during the operation. Most of these injuries are recognised and repaired at the time of the operation. However, in a few cases, repeat surgery may be necessary.
- **Haematoma** – collections of blood can occur under the abdominal wound or at the top of the vagina. In most cases these settle, but occasionally it may be necessary to return to the operating theatre.
- **Leg clots** – these are very rare (about 1 in 100) for patients in good health. They are more likely if you are overweight or smoke. To prevent these clots, you will be given special socks to wear; in some cases, injections called Enoxaparin will be given to thin the blood.

Further information

The following websites contain some useful information about having a hysterectomy.

<http://www.nhs.uk/conditions/hysterectomy/Pages/Introduction.aspx>

http://www.netdoctor.co.uk/health_advice/facts/hysterectomy.htm

Contact us

Sonning Ward, Tel: **0118 322 8204 / 8458** Email: sonning.ward@royalberkshire.nhs.uk

Hopkins Ward, Tel: **0118 322 7771** Email: hopkins.hopkins@royalberkshire.nhs.uk

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

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

Gynaecology Consultant, January 2016

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