RECOVERING WELL

Royal College of Obstetricians & Gynaecologists

Information for you after a

Vaginal Hysterectomy

Health & care information you can trust

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Who is this information for?

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This information is for you if you are about to have, or you are recovering from, a vaginal hysterectomy (an operation to remove your uterus (womb) through your vagina). You might also find it useful to share this information with your family and friends.

You may be having, or have had, a vaginal hysterectomy in conjunction with a:

- pelvic floor repair operation - if so, you may find helpful information in **Recovering well: information for you after a pelvic floor repair operation**.
- salpingo-oophorectomy (removal of one or both of your ovaries and your fallopian tubes), which may involve keyhole surgery - if so, you may find helpful information in **Recovering well: information for you after a laparoscopic hysterectomy**.

The type of hysterectomy will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

You will need an anaesthetic for a vaginal hysterectomy. This may be a general anaesthetic or a regional anaesthetic (spinal or epidural).

About this information

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a hysterectomy
- the exact type of hysterectomy that you have
- how smoothly the operation goes and whether there are any complications.

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What can I expect after a vaginal hysterectomy?

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Usual length of stay in hospital

In most instances, you will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for two to three days.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and you should not drive or make any important decisions.

Catheter

You may have a catheter (tube) in your bladder to allow drainage of your urine. This is usually for up to 24 hours after your operation until you are easily able to walk to the toilet to empty your bladder. If you have problems passing urine, you may need to have a catheter for a few days.

Scars

A vaginal hysterectomy is carried out through your vagina so your scar will be out of sight. However, if you have keyhole surgery as part of your operation, you will have between two and four small scars on different parts of your abdomen. Each scar will be between 0.5 cm and 1 cm long.

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Stitches and dressings

The stitches in your vagina will not need to be removed, as they are dissolvable. You may notice a stitch, or part of a stitch, coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about.

If you have keyhole surgery, your cuts may be closed by stitches or glue. Glue and some stitches dissolve by themselves. Other stitches may need to be removed, usually by the practice nurse at your GP surgery about five to seven days after your operation. You will be given information about this.

Your cuts will initially be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower (see section on washing and showering).

Packs

You may have a pack (a length of gauze like a large tampon) in your vagina after the operation to reduce the risk of bleeding. A nurse will remove this after your operation while you are still in hospital. Check with your nurse that this has been done before you go home.

Drain

Occasionally, a drain (small tube) is inserted through your vagina to drain off any blood or fluid that may accumulate immediately after your operation. This will be removed by a nurse after your surgery while you are still in hospital.

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What can I expect after a vaginal hysterectomy?

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Vaginal bleeding

You can expect to have some vaginal bleeding for one to two weeks after your operation. This is like a light period and is red or brown in colour. Some women have little or no bleeding initially, and then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Pain and discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you should be provided with painkillers for the pain you are experiencing. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Trapped wind

Following your operation your bowel may temporarily slow down, causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Starting to eat and drink

After your operation, you may have a drip in your arm to provide you with fluids. When you are able to drink again, the drip will be removed. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on.

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Washing and showering

If you have had keyhole surgery and have scars on your abdomen, you should be able to have a shower or bath and remove any dressings the day after your operation. Don't worry about getting your scars wet - just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion for 30 seconds
  - bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily heparin injections (a blood-thinning agent) - you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate to wear while in hospital.

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Physiotherapy

You will be given advice and information about exercises to help you recover and about ways to move easily and rest comfortably. You should be given written information on this. The ward physiotherapist may also visit you after your operation to show you some exercises and have a discussion with you about how to progress with getting out of bed and mobilising. The physiotherapist will also advise you on how to do pelvic floor muscle exercises.

Starting HRT (hormone replacement therapy)

If your ovaries have been removed during your operation, you may be offered hormone replacement therapy (HRT). This will be discussed with you by your gynaecologist and together you can decide the best way forward.

Cervical screening (smears)

Some women who have had a vaginal hysterectomy will need to continue to have smears from the top of the vagina. Check with your GP or gynaecologist whether this applies to you.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first - when you are tired, these feelings can seem worse. For many women this is the last symptom to improve.

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Your hospital may offer an Enhanced Recovery Programme (ERP).

What is enhanced recovery?

Enhanced recovery is a programme that aims to get you back to full health as quickly as possible after a planned operation. If you take an active role in your treatment and are supported by your GP and the hospital enhanced recovery team, stresses caused by an operation are reduced and you will get better faster.

Being in the best possible shape before your operation will help. Stopping smoking, losing weight, cutting the amount of alcohol you drink and increasing the amount of exercise you do every day will make your recovery faster and safer. It is important that medical conditions such as high blood pressure and asthma are controlled before your operation. Your GP will help you with this.

Before your operation, your health will be checked and a care plan for your stay in hospital and discharge home will be made. Your views will be taken into account. Following this plan means that you are likely to go home sooner, so it is important to prepare for this. The plan aims to keep you at home for as long as possible before your operation. You may be offered special carbohydrate drinks and you should be able to continue drinking water up to 2 hours before your operation to make sure your body stays properly hydrated.

After your operation:

- If you have had a catheter, drain or vaginal packs inserted, they will be removed as soon as possible.
- You will be encouraged to drink and to eat as soon as possible, maybe even while you are in the recovery room before you return to the ward. Eating early after surgery is safe and, you are less likely to feel sick. If you have a drip in your arm, this will be removed once you are eating and drinking. Without a drip, it will be easier for you to walk about.

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Your hospital may offer an Enhanced Recovery Programme (ERP). What is enhanced recovery?

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- You will have a personal programme to get you mobile as soon as possible. As soon as it is safe to do so, you will be helped will be helped out of bed so you can sit in a chair. You will then be encouraged to walk short distances. You may be given a diary with daily goals and space for you to write what you have managed to do. There are good reasons for getting up and about as soon as safely possible. You are less likely to suffer from blood clots in your legs and pelvis (deep vein thrombosis) or in your lungs (pulmonary embolis and you are less likely to develop a chest infection. Your bowel will recover faster and you are less likely to suffer from trapped wind.
- The team will make sure you get pain relief to allow you to do your activities comfortably.

Your individual needs will be considered and you will not be discharged from hospital until you are ready. This will be when you are mobile, able to eat and drink, and can control your pain by taking tablets. Before you leave hospital, you will be given instructions about who to contact if you have any worries.

Enhanced recovery programmes help patients get better more quickly after major surgery. Patients spend less time in hospital and get back to their normal activities faster than with traditional recovery. By following an enhanced recovery programme, there are fewer complications after surgery and lower rates of re-admission to hospital than with traditional care.

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What can help me recover?

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It takes time for your body to heal and for you to get fit and well again after a vaginal hysterectomy. There are a number of positive steps you can take at this time. The following will help you recover.

Rest

Rest as much as you can for the first few days after you get home. It is important to relax, but avoid crossing your legs for too long when you are lying down. Rest does not mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days.

A pelvic floor muscle exercise programme

Your pelvic floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction.

It is important for you to get these muscles working properly after your operation, even if you have stitches. To identify your pelvic floor muscles imagine you are trying to stop yourself from passing wind, or you could think of yourself squeezing tightly inside your vagina. When you do this, you should feel your muscles 'lift and squeeze'.

It is important to breathe normally while you are doing pelvic floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practise their pelvic floor muscle exercises by stopping the flow of urine mid-stream. This is no longer recommended, as your bladder function could be affected in the longer term.

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You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practise short squeezes as well as long squeezes:

- short squeezes are when you tighten your pelvic floor muscles for one second, and then relax
- long squeezes are when you tighten your pelvic floor muscles, hold for several seconds, and then relax.

Start with what is comfortable and then gradually increase, aiming for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes.

You should do pelvic floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves, such as brushing their teeth, washing up or commercial breaks on television.

Straining to empty your bowels (constipation) may also weaken your pelvic floor muscles and should be avoided. If you suffer from constipation or find the pelvic floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

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Eat a healthy balanced diet

Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day! As long as you are exercising enough and don't eat more than you need to, you don't need to worry about gaining weight.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move.

If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so that your knees are higher than your hips. If possible lean forwards and rest your arms on top of your legs to avoid straining.

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What can help me recover?

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Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help - even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually build up the levels of exercise that you take
- eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery.

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What can slow down my recovery?

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It can take longer to recover from a hysterectomy if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- there were any complications during your operation.

Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

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When should I seek medical advice after a vaginal hysterectomy?

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While most women recover well after an vaginal hysterectomy, complications can occur - as with any operation.

You should seek medical advice from your GP, the hospital where you had your operation, NHS 111 or NHS 24 if you experience:

- **Burning and stinging when you pass urine or pass urine frequently**: This may be due to a urine infection. Treatment is with a course of antibiotics.
- **Vaginal bleeding that becomes heavy or smelly**: If you are also feeling unwell and have a temperature (fever), this may be due to an infection or a small collection of blood at the top of the vagina called a vault haematoma. Treatment is usually with a course of antibiotics. Occasionally, you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this blood may need to be drained.
- **Red and painful skin around your scars if you have had keyhole surgery**: This may be due to a wound infection. Treatment is with a course of antibiotics.
- **Increasing abdominal pain**: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- **A painful, red, swollen, hot leg or difficulty bearing weight on your legs**: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

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Getting back to normal

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Around the house

While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. If you feel pain, you should try doing a little less for another few days.

It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time, and to take rests regularly. You can also try sitting down while preparing food or sorting laundry.

For the first one to two weeks, you should restrict lifting to light loads such as a one litre bottle of water, kettles or small saucepans. You should not lift heavy objects such as full shopping bags or children, or do any strenuous housework such as vacuuming until three to four weeks after your operation as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

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Getting back to normal

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Exercise

While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable, you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30-60 minutes after two or three weeks. Swimming is an ideal exercise that can usually be resumed within two to three weeks provided that vaginal bleeding and discharge has stopped. If you build up gradually, the majority of women should be back to previous activity levels within four to six weeks.

Contact sports and power sports should be avoided for at least six weeks, although this will depend on your level of fitness before surgery.

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You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

In general, it can take two to four weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See whether you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

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Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- the length of your journey – journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT); this is especially so if you are travelling soon after your operation
- how comfortable you will be during your journey, particularly if you are wearing a seatbelt?
- overseas travel:
  - Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
  - Does your travel insurance cover any necessary medical treatment in the event of a problem after your operation?
- whether your plans are in line with the levels of activity recommended in this information.

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

You should usually allow four to six weeks after your operation to allow your scars to heal. It is then safe to have sex - as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

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Returning to work

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Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department, they will advise on this.

Some women are fit to work after two to three weeks and will not be harmed by this if there are no complications from surgery.

Many women are able to go back to normal work after four to six weeks if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

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Recovery tracker

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Time after operation	How might I feel?	What is safe to do?	Fit to work?
1 - 2 days	• You are still likely to be in hospital during this time • You will have some generalised aches in your abdomen • You may feel sore moving in and out of bed • You may have some bleeding like a light period	• Get up and move about • Go to the toilet • Get yourself dressed • Start eating and drinking as usual • You may feel tired and perhaps feel like a sleep in the afternoon	✗ No
3 - 7 days	• You should be at home by now • Your pains should be slowly be reducing in intensity and you will be able to move about more comfortably • You will still tire easily	• Continue as for days 1 - 2 • Go for short walks • Continue with excercises that have been recommended to you • Wash and shower as normal • Have a rest or sleep in the afternoon if you need to	✗ No
1 - 2 weeks	• There will be less pain as you continue to move about and you will find your energy levels slowly returning • Bleeding should have settled or be very little	• Build up your activity slowly and steadily • You are encouraged to go for longer and more frequent walks • Restrict lifting to light loads	✗ Not just yet
2 - 4 weeks	• There will be even less pain as you move more and more • You will find your energy levels are returning to normal • You should feel stronger every day	• Continue to build up the amount of activity you are doing towards your normal levels • You can start to do low-impact sport • Make a plan for going back to work	✓ Yes, possibly on reduced hours or lighter duties at first. Some women will be fit for full-time work after 4 weeks
4 - 6 weeks	• Almost back to normal • You may still feel tired and need to rest more than usual	• All daily activities including lifting • Usual exercise • Driving • Have sex if you feel ready	✓ Yes, but if you don't feel ready to go to work, talk to your GP or employer about the reasons for this

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Acknowledgements

This information was developed by a multidisciplinary working party on recovery following gynaecological surgery and was peer reviewed by experts in the field and by patients and the public.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.

Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.

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