

INFORMATION SHEET AND CONSENT FORM

## Hysterectomy and cystoscopy

- **With Salpingo-oophorectomy: both, right or left**
- **With Salpingectomy: - both right or left**

### Indications:

- There are many indications for hysterectomy including heavy or abnormal menstrual bleeding, as part of an operation for endometriosis or as part of an operation for prolapse or cancer
- Depending on the reason for the hysterectomy and your age, we may recommend that we also remove your ovaries

### Surgical Technique:

- The operation is usually performed under general anaesthetic (you are asleep) and antibiotics are given through a drip
- In most cases the hysterectomy is performed with a combination of laparoscopic (keyhole) and vaginal surgery, but it can be all done laparoscopically or it can all be done vaginally
- Electrical energy and sutures are used to stop the blood supply to the uterus (and/or ovaries)
- Your uterus (and/or ovaries) are sent to the pathology doctors to make sure there is no cancer in them
- Strong resorbable sutures are used to close your vagina
- A camera is used to make sure there is no injury to your bladder or ureters

### Complications:

- Serious complications are rare however your symptoms must be severe enough to accept the risks listed below
- Large blood loss requiring blood transfusion
- Intraoperative injury to bowel, ureters, bladder or other organs requiring reoperation or prolonged hospital stay
- New urinary symptoms like urgency or slow urine flow 5%
- Return to theatre for pain or bleeding
- 5% wound infection requiring antibiotics
- Urinary tract infection 5%
- Clot in legs or lung <1%

#### In Hospital and Recovery:

- Hospital stay is usually 2-3 nights
- When you wake up from your operation you will have bladder catheter and a pack in your vagina. These will be removed the following day and we will assess whether you are emptying your bladder properly. If you are not, the nurses will teach you to self-catheterise and you may go home doing this while your bladder function recovers which is most often within 2 weeks. The risk of this is around 5%. If other surgery is performed at the same time you may also have a vaginal pack which will be removed the next morning
- You will be given pain medicine to manage post-operative pain and you should take aperients to avoid constipation
- A small amount of vaginal bleeding is to be expected for 2 weeks
- It is crucial to avoid constipation, heavy lifting, running or any other stress to your pelvic floor over the first 3 months postoperatively while healing takes place. Sexual intercourse should wait until after review at 6 weeks.
- Time off work is usually 4-6 weeks depending on your occupation
- After discharge, worsening pain or urinary symptoms like burning or pain are not normal and you should see your local doctor.
- Dr Mowat will review you around the 6-week mark, but if you have any concerns before this, please ring the rooms
- As a long-term lifestyle measure we recommend avoiding lifting over 15 kgs, excessive exercise, weight gain, constipation and smoking to optimise the chance of a long-lasting repair.
- You may not need pap smear tests any more, Dr Mowat will discuss this with you
- Some women experience mixed emotions and even sadness after a hysterectomy- make sure you have discussed your decision to have a hysterectomy with your GP, family and friends before you go ahead.