

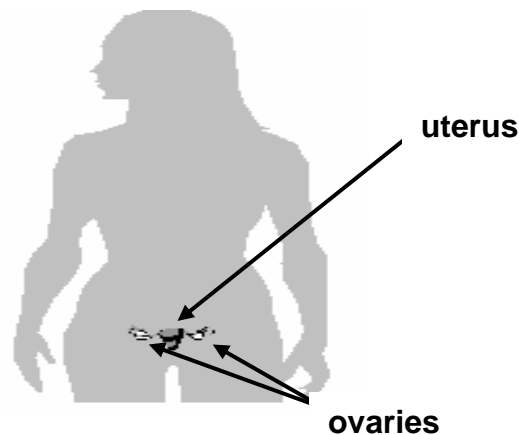
PATIENT INFORMATION

A publication of Jackson-Madison County General Hospital Surgical Services

Vaginal Hysterectomy

What is a Vaginal Hysterectomy?

A vaginal hysterectomy is a surgery in which the uterus (womb) is removed without making an incision in the abdomen (tummy). The uterus is removed through the vagina so no visible scarring is made. In a total hysterectomy, the entire uterus and the cervix (the opening from the vagina to the uterus) are removed. For some female problems, other organs, such as one or both of the ovaries may also be removed. Your doctor will talk with you about your procedure before the surgery



Why is a Hysterectomy needed?

A hysterectomy may be recommended for:

- Severe, long-term infections
- Benign fibroid tumors of the uterus that are causing pain or other problems
- Endometriosis (A problem where tissue that normally lines the inside of the uterus is now present outside of the uterus. This causes pain and scarring.)
- Cancer of the uterus, cervix, or ovaries
- Uterine prolapse (a “fallen” uterus) that is causing problems
- Severe, long-term bleeding from the vagina

What tests may be done to help diagnose my problem?

- An X-ray may be made of your abdomen and pelvis to look for tumors or fluid.
- You may have a CT or MRI scan of the pelvis to examine your uterus and see if it is enlarged or contains masses.
- You may have an abdominal ultrasound. This is a painless test in which a small instrument is passed across the skin of the abdomen. The sound waves produce a picture of the inside of the abdomen.
- You may have a vaginal ultrasound. In this test, a small device is placed in the vagina and sound waves are used to produce a picture of the inside of the uterus.

Where is the operation done? How long does it take?

The surgery is done in the operating area of the hospital. The entire procedure, from the time you leave your room until the time you return to your room, usually takes about four hours. The operation itself usually lasts one to two hours.

What do I need to do before my surgery?

- Your doctor will explain the operation to you. You will be asked to sign a consent form to give the doctor permission to do the surgery.
- You will have several blood tests done before you go to surgery. These may be done at the hospital or at the doctor's office before the surgery.
- Your doctor may order an enema and/or laxatives for you to use the day before surgery. This will help clean your colon before surgery.
- Shower the night before your surgery and the morning of your surgery with the special soap that you are given.
- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach.)
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- If you take medicine for your heart, blood pressure, or asthma you may take this with a small sip of water before you come to the hospital. If you take medicine and/or insulin for diabetes you need to ask your doctor if you should take this.
- Remove all fingernail polish.
- Remove all jewelry including body piercings.
- Do not wear any makeup.
- If you will be checking into the hospital on the day of your surgery:
 - Bring all medicines that you are taking to the hospital with you.
 - Do not bring valuables or large amounts of money with you to the hospital.
 - Have a responsible adult drive you to the hospital and stay during your surgery.

What will happen before my surgery?

- If you are checking into the hospital on the day of your surgery, after you have been to the Admitting Office you will be taken to a room. This may not be the room where you will be taken after surgery.
- You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put on the gown opening in the back.
- You will also be asked to remove all dentures, partial plates, prosthesis, hairpieces, jewelry (including body piercings), contact lenses, and glasses.
- You may be asked questions about your medical history. Some of these may be the same questions that you have already been asked. Please know that it is important that these questions be asked so that we can give you the best possible care.
- You may be taken to the Pre-Anesthesia Unit (PAU) to get ready for your surgery. If you are taken to PAU, you will be there for one to one and a half hours before your surgery. The nurse will tell your family where to wait.
- If you are prepared for surgery in PAU, you will have sticky pads put on your chest so the staff can watch your heart. A blood pressure cuff will be put on your arm so that your blood pressure can be checked. A device called a pulse oximeter will be put on your finger. This will tell how much oxygen is in your blood. If you do not go to PAU before your surgery, these things will be done in the operating room.
- You will have an IV (needle in your arm for fluids) started. You will be given medicine in the IV that will help you relax.
- You will have your pubic area shaved and washed.
- Someone from anesthesia will talk with you before your surgery.
- When it is time for your surgery, you will be taken to the operating room. The room will be cold. The nurse will give you a warm blanket.

- The staff in the operating room will include your doctor and his assistant, an anesthetist, a scrub nurse, and a circulating nurse. All of these people are there to take care of you and no one else.
- The anesthetist will put a soft mask over your face. This will give you plenty of oxygen to breathe. You will be given medicine in your IV that will relax you to the point of sleep. The anesthetist will give you medicine so that you will not feel any pain and you will not wake up during your surgery.

What will happen during my surgery?

- When the operation has started, the nurse will call your family. Your family will be called one time each hour. This surgery usually takes from one to three hours.
- After you are asleep, you will be placed in stirrups similar to the ones used in the doctor's office when you have a female exam.
- The surgery is done by going through the vagina to remove the uterus and, in some cases, one or both ovaries.
- For some surgeries, the doctor may make a small incision near your navel (belly button) and insert a lighted tube called a laparoscope. This may be used to help the doctor see certain areas of your abdomen better or it may be used if you have scar tissue around your uterus.
- At the end of the operation, the top of the vagina that had been connected to the uterus is sutured (sewn) and the vagina is left in place. If you have a small incision near your navel, a small dressing will be placed over the area. The doctor may also put packing inside of your vagina to absorb any bleeding. This will be removed the day after your surgery.
- While you are asleep you will have a catheter (tube) placed into your bladder to drain your urine. You may still have this when you wake up.
- When the doctor has finished the operation, the anesthetist will give you medicine in your IV that will help you to wake up. You will be taken to the Recovery Room.

What can I expect after my surgery?

- You will be in the Recovery Room for about one hour. The doctor will talk with your family.
- When you wake up, you may have an oxygen mask over your face. When you are awake enough to take deep breaths, this will be removed.
- There will be a nurse taking care of you in the Recovery Room. You will have your blood pressure, heart rate, and oxygen level checked. The nurses will check your pad for any bleeding.
- If you are in pain or sick to your stomach please tell the nurse so that she can give you medicine.
- After about an hour in the Recovery Room, you will be taken back to your room on a stretcher. The nurse will check your blood pressure, heart rate, and breathing often. He or she will observe your pad and feel of your abdomen.
- A pump will be attached to your IV. You may also have a PCA Pump (also called a pain pump) that your nurse will show you how to use to give yourself pain medicine whenever you are having pain. If you do not have the pain pump, other medicine will be ordered for you. Let your nurse know if you are having pain.
- The nurse will help you to turn and cough every two hours after you get back to your room. He or she will also ask you to take deep breaths to help keep you from getting pneumonia.
- When you are awake you will be given something to drink and later, something to eat.
- Call for the nurse to help you the first time that you need to get out of the bed. **Do not try to get up without help.**

- The day after surgery the nurse will remove the catheter from your bladder and help you to the bathroom when you need to go. Your pain pump and IV will be removed. You will be given pain medicine by mouth as ordered by the doctor when you need it.
- You will sit up in a chair and begin to walk in the hallway. When you first begin to get up, you may feel weak and lightheaded. Have someone in the room to help you. Change positions slowly. Moving around as soon as possible will help to prevent pneumonia, blood clots, and constipation problems.
- Your doctor will tell you when you can go home. Most women are in the hospital for two to three days. On the morning that you are discharged and after the doctor has been to see you, the nurses will give you prescriptions from your doctor. They will also talk to you about how to care for yourself at home and when to return to your doctor's office.

What can I expect at home?

Most people recover quickly from a hysterectomy. After the uterus is removed, you will no longer have monthly periods. If your ovaries were removed, menopause will occur. Talk to your doctor about the effects of menopause and whether hormone replacement therapy (HRT) is recommended.

Your doctor will give you guidelines to follow. Be sure to follow his or her instructions.

Until you return for your doctor's visit:

- Do not drive a car or other vehicle.
- Do not lift anything heavier than a five-pound bag of potatoes for a few weeks.
- Do not swim or take tub baths.
- Do not have intercourse, use tampons, or douche.
- Keep your incision clean and dry.
- If steri-strips (thin strips of tape across the incision near your navel) are in place, allow them to remain in place until they fall off on their own.

Call your doctor if:

- You have nausea or vomiting.
- You have pain that is getting worse and is not relieved by your pain medicines.
- You develop a fever greater than 100.5° twice.
- You have any redness, drainage, swelling, or bleeding from your incision.
- You have trouble urinating (making water) or having a bowel movement.
- You have bright red vaginal bleeding that is heavier than a normal period.
- You have drainage that has a foul odor.
- You have questions or concerns.

Be sure to keep your follow-up appointment with your doctor after your surgery.

It is the hope of the surgery staff that you will feel that you receive very good care while you are a patient in our hospital. **We are here to serve you!** Please feel free to ask any questions that you might have.