Gynaecology Program

Pre- and Post-operative Instructions: Vaginal Hysterectomy
Informed Consent
As part of informed consent, your doctor will talk to you about:
• What will be done during the surgery
• Why you need it
• Risks of surgery
• Risk of not having any treatment
• What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don’t be afraid to ask questions. Have your doctor go over something if it is not clear to you.

A vaginal hysterectomy is the removal of the uterus through the vagina without an abdominal incision. In some cases, it is also possible to remove the ovaries through the vagina if necessary.

Reasons for having a vaginal hysterectomy include: prolapse (when the muscles and other tissues in your pelvis become weak and are unable to support your pelvic organs i.e. uterus, bladder, rectum, and they begin to sag into your vagina); irregular uterine bleeding; and cancer. After a vaginal hysterectomy, you will not be able to become pregnant, and you will no longer have a period.

What are the risks of this surgery?
The risk of developing a problem that is related to having a vaginal hysterectomy is low compared to other major surgeries. However, problems can occur. Problems that may develop could include:

1. A bad reaction to anesthetic. This is minimal in an otherwise healthy person.
2. Blood clots in the deep veins of the legs or lungs. These can be prevented by early ambulation and short-term use of anti-coagulation medication.

3. Infection. This can usually be successfully treated with antibiotics.

4. Bleeding. This bleeding sometimes occurs in extremely rare cases and requires an abdominal incision to control it and complete the surgery. If there is a large amount of blood loss, a blood transfusion is required.

5. Injury which could be to nearby organs, the urinary tract or bowel. If these injuries do occur, they are usually addressed at the time of the surgery without any significant long-term problems.
6. Surgical Menopause. This will occur if the ovaries are removed as part of your surgery. Please discuss with your surgeon what your options are regarding Hormone Replacement Therapy (HRT).

If you have any other questions or concerns regarding the risks of your surgery, please discuss these with your surgeon.

When will I be going home?
You will spend about two to three days in the Hospital after your surgery. It is recommended that you prepare your home ahead of time, i.e. grocery shopping, laundry and cleaning. Consider making arrangements for assistance from family members and friends if need be. Unless you have special medical needs, it is unlikely that you will qualify for the Community Care Access Program (formerly known as Home Care).

How do I get ready for surgery?
1. Make sure you are well rested before coming into the Hospital. Should you become sick before surgery, notify your surgeon.

2. The purpose of the pre-admission visit is to make sure you are ready for surgery. A nurse will interview you to see if you have any special needs for when you are in the Hospital, provide information about what to expect with your surgery and recovery and help you to plan ahead for your discharge home.

3. Some surgeons require that you do a special preparation to clean out your bowels before your surgery. Your nurse will give you specific instructions if needed.

4. You are not to eat or drink anything after midnight the night before your surgery. You may be required to take some of your daily medications in the morning of your surgery with a little sip of water only. Your nurse will instruct you which pills you can take.

5. Pack a bag for the hospital with a housecoat, non-slip slippers, pajama pants and your toiletries (including soap, shampoo, comb/brush, feminine pads, body lotion, facial tissue, lip balm, and even “baby wipes” for convenient hand washing when you are in bed, etc.).
Please do not bring valuables to Hospital. Remove all jewelry, body-piercings, make-up and nail polish prior to coming to Hospital.

6. **The day before your surgery you should call 416-586-4800 ext. 8824 between 1 and 4 p.m. to confirm the time of your surgery and your arrival time. Please call between Monday and Friday.**

7. **You are required to be at the Hospital two hours prior to your surgery. If you are diabetic on insulin, you will need to be at the Hospital by 7 or 8 a.m. even if your surgery is late in the morning or in the afternoon.**

**What happens the day of surgery?**

1. **On arrival at Mount Sinai Hospital, go to the Admitting Department on the main floor. Bring your Mount Sinai Hospital card and Health Card.**

2. **You will be directed to the Surgical Admission Waiting Room, room 548 on the 5th floor. A family member or friend may accompany you if you wish. The rest of your family and/or friends may wait for you in the surgical waiting room located on the main floor, room 351.**

3. **Once you are admitted into the Surgical Admission Waiting Room, you will be directed to a locker room where you may change into your gown. You may find it a little more comfortable to put on a robe and slippers over the gown while you wait for your surgery.**

4. **You (and your family member) will be sent to a cubicle where you will meet with your surgeon, your anesthetist and nurses before surgery. This gives you an opportunity to have any last minute questions and concerns addressed before the surgery.**

5. **When it is time for your surgery, a Service Assistant will come to escort you to the 5th floor Holding Area and then to the Operating Room. You will meet your surgeon and the anesthetist when you arrive.**

6. **After the surgery, you will spend approximately two hours in the Post Anesthetic Care Unit (PACU). The surgeon will attempt to talk to your family in the Surgical Waiting Room (room 351).**
What can I expect after surgery?

What can I eat?
Once you are back in the room, and if you are not feeling nauseated from the anesthetic, a nurse will get you some ice chips or water. You should be allowed to have clear fluids that same day and probably a full diet the next morning.

How will I feel?
1. You may feel nauseated from the anesthetic. If so, let your nurse know and some medication for nausea can be given to you.

2. You will have gauze packing in your vagina. This is usually removed in a day or two. You may feel some pain, and pressure from your “bottom” or perineum. A pain medication can be given to you in the form of a needle or pill depending on your level of discomfort.

3. You will be drowsy and lethargic for most of the first day.

How will I empty my bladder?
1. You will have a catheter (tube) in your bladder for a couple of days. Once the swelling decreases and you have no difficulty urinating, the catheter will then be removed. The nurse will then instruct you to measure your urine each time you void.

2. Some surgeons like to have your “residual urine” measured after you void. This means that after you empty your bladder in the toilet, the nurse will insert a very small catheter to see what is left in the bladder. Again, this helps us determine if you are emptying your bladder properly. Sometimes how much urine you leave behind is checked with an ultrasound instead of catheter.

Will I get constipated after surgery?
It is quite possible. Your surgeon may prescribe a stool softener to keep your stools soft and easier to pass. Check with your nurse to see what you are allowed to have to relieve your bowels.
Can I expect any vaginal discharge or bleeding?
Yes, you will be required to wear a sanitary pad for as long as you are bleeding. You will most likely have a small amount of bleeding or spotting for a few days up to possibly a week after your surgery. **Please do not use tampons.**

How much activity can I do?
• It is important to do deep breathing and coughing exercises every hour after surgery to help prevent any kind of lung congestion
• It is also important to move around in bed and do leg exercises (point and flex your toes, circle your ankles) to promote circulation in your legs and prevent blood clots
• The nurse will assist you to get out of bed and sit in a chair in the evening after your surgery or the following morning; try to increase the amount of time you sit up and increase the distance you walk each time

How will I feel when I go home?
1. It is quite normal to be tired and fatigued easily the first week your return home. Try to pace yourself. Try not to stay in bed all day. This places you at increased risk of developing blood clots. Your energy level will increase day by day. Have short walks and rest period as your body feels necessary.

2. You should not do anything strenuous for six weeks after your surgery, i.e. lift heavy grocery bags, suitcases, etc. Light housework, cooking, and climbing the stairs should be alright. Any sports or aerobic classes should be put on hold for a while.

3. You may still need to take pain medications occasionally when you get home. A prescription will be given to you by your doctor when you are discharged from the hospital.
Are there any special precautions?

1. Do not have sexual intercourse or insert anything into the vagina for six weeks or as instructed by your surgeon. This includes tampons and douches. For vaginal discharge, use pads and remember to change them at least every four hours.

2. Avoid swimming, hot tubs or tub baths until you see your doctor. Showers are okay. Use mild soap around the genitals. Remember after a bowel movement, to wipe from front to back.

3. If your ovaries have been removed, you will experience a surgically-induced menopause. Some women but not all may experience hot flashes, mood swings, sleep disorders, migraines, etc. Speak to your surgeon about hormone replacement therapy if needed.

What warning signs I should be concerned about and report to my nurse or doctor?

- Persistent fever (greater than 38 degrees Celsius or 100.4 degrees Fahrenheit), chills or sweating
- Increasing redness and/or tenderness around the perineum
- A foul smelling discharge from the vagina
- Chest pain, coughing blood, difficulty breathing
- Bright red bleeding or clots
- Pain not relieved by medication
- Inability to urinate, difficulty urinating, or burning when urinating
- Increasing pain or redness in your calves
In case of Emergency

Go to Mount Sinai Hospital’s Emergency Room or the Emergency Room closest to you.

Follow up

Call your surgeon’s office for a follow up appointment.

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.