Post-partum hysterectomy (removal of the uterus (womb) after giving birth)

This leaflet explains what happens when you need a post-partum hysterectomy following complications during giving birth. It explains why and how it is done, and what to expect afterwards. If there is anything you do not understand or if you have any questions, please speak to your midwife or doctor.

What is a post-partum hysterectomy?

This is an operation that involves removal of the uterus (womb). This is an uncommon situation in the UK, as there is a range of treatments used before such surgery which can save both future fertility and your life. It may be performed in an emergency to save life if you have persistent bleeding after childbirth. Less frequently, it can be a planned procedure, often at the same time as a Caesarean birth.

Why is it performed?

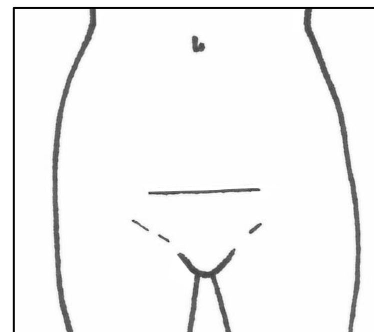
The most common reason is severe bleeding from the uterus that cannot be controlled by other measures. There is a link to Caesarean birth, particularly if the placenta for the most recent baby is both low in the uterus (placenta praevia), and deeply adherent (placenta grows too deeply into the uterine wall, known as placenta percreta or increta), so not separating fully after the birth of the baby. A more common cause of heavy bleeding is 'uterine atony,' which is the inability of a womb to contract after the birth, as well as large or multiple fibroids and blood clotting problems. Most of these situations can be treated with medications or sophisticated procedures in the Interventional Radiology Department which will be explained to you if you need them.

How often does it happen?

Post-partum hysterectomies happen in 0.05-0.1% of all births (less than one out every 1000) and 0.5% of all caesarean births (one in 200 Caesarean births) At the RBH we do about four hysterectomies a year immediately after childbirth. Although the procedure is not common, with increased numbers of Caesarean births we are seeing the number of post-partum hysterectomies increase also as shown in the above statistics.

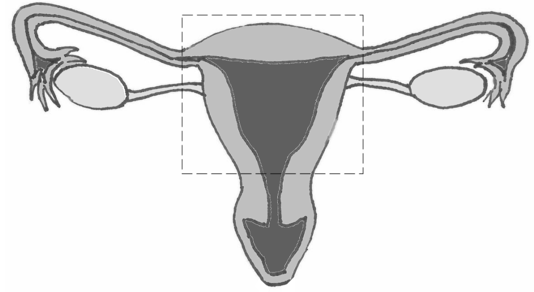
What type of incision (cut) will be performed?

A post-partum hysterectomy is usually carried out through the same incision (cut) that is used during a Caesarean birth. It is approximately 10cm long and is usually made across the top of your pubic hairline (bikini line).



What happens during the operation?

The surgery involves the removal of the uterus, leaving behind the cervix (neck of the womb), ovaries and the fallopian tubes. This is also called a subtotal or supracervical hysterectomy. The ovaries are **not** removed.



Post-partum hysterectomy *(removing the uterus but not the cervix)*

What are the complications?

Most women having a post-partum hysterectomy have already become vulnerable to becoming extremely unwell, and will need specialised monitoring of their blood clotting, liver and kidney functions over the coming days. However, as with any surgical procedure, there are a number of surgical complications that can potentially occur. These include:

- Heavy bleeding during or after the operation. This will require transfusion of blood products and clotting factors.
- Damage to the bladder or ureter (tube from kidney into bladder) – *this affects 7 in every 1000 births.*
- Damage to the bowel – *this affects 4 in every 1000 births.*
- Return to theatre due to bleeding or due to wound problems – *this affects 7 in every 1000 births.*
- Pelvic abscess or infection – *this affects 2 in every 1000 births.*
- A blood clot in leg or lung can occur – *this affects 4 in every 1000 births*

What will happen after the surgery?

You will be cared for in the Delivery Suite as a high-risk patient, or in the Intensive Care Unit (ICU). Your blood pressure, pulse and temperature will be monitored regularly during this time. This is routine and will allow the medical staff to ensure there are no post-operative complications.

- **Pain relief:** The type of pain relief you receive will be discussed with you and the anaesthetist before the operation. You may receive pain relief using a patient controlled analgesia (PCA) pump. This is a machine that allows you to control your own analgesia (pain relief) every five minutes.
- **Intravenous (fluid) drip:** You will have an intravenous (fluid) drip in your arm. This is to give you extra fluids that will help to reduce thirst and may speed recovery.
- **Catheter:** You will have a catheter (small tube) in your bladder to drain and monitor urine output. This is usually removed once the doctors are happy with your recovery.
- **Vaginal pack:** You may have a gauze pack (like a tampon) in the vagina; this helps to reduce bleeding by applying pressure to the cervix (neck of womb).
- **Drain:** Quite often, a drain (small tube) is inserted through your lower tummy wall to drain off any blood or fluid that may collect immediately after your operation. A midwife/nurse normally removes this 24-48 hour after your surgery while you are still in hospital.

Once the doctors are happy with your progress, you will be transferred to a postnatal ward where you will stay for next 4-5 days, depending on your recovery.

Your baby and feeding

You may not be able to care for your baby initially due to feeling drowsy or unwell. If you are cared for on the Delivery Suite following surgery, your birth partner or a family member/friend can stay to look after the baby where possible. Staff will support you to either breastfeed or give your expressed milk. Formula can be provided if you do not well enough initially. Staff will help you initiate breastfeeding when circumstances allow. It is safe to give your breastmilk after a general anaesthetic and also if you are using a PCA (Patient controlled Anaesthesia). You will need help to keep baby safe, as you may feel very sleepy from the anaesthetic. If your intention was to formula feed, then staff will also provide guidance with feeding and baby well- being.

It is not possible for partners to be accommodated in ICU, so in this case baby can be discharged home to the family or cared for on our special care unit (Buscot), whichever is most appropriate in the circumstances. Staff will do their best to facilitate contact between babies and partners when you are recovering and until you feel well enough to look after your baby.

When you are ready to be transferred to the postnatal ward we will try to provide a single room so that someone can stay to support you with the care of the baby. The availability of these resources is dependent on medical need at the time.

Follow up appointment

A clinic appointment will be arranged with a consultant in 6-8 weeks' time to go through the events. This will help you to get a better understanding of what happened. Before that appointment if you have any questions please note them down and bring them with you to the clinic.

Post-operative information

In most cases you will still have both a cervix and ovaries after this operation. This means that you will still have cyclical changes in breast tenderness or mood changes during your menstrual cycle if you had them before your pregnancy as the ovaries will still make female hormones. You may, or may not, have a small monthly blood loss from the cervix and remnants of your uterus. However, you cannot become pregnant as these do not connect to the ovaries.

You should still have regular smear tests, in line with the UK cervical screening recommendations.

Contact information

Postnatal helpline 0300 330 0773 or contact your midwife or community health visitor.

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

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

B Jadoon (ST7), December 2011
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