Royal Berkshire
NHS Foundation Trust

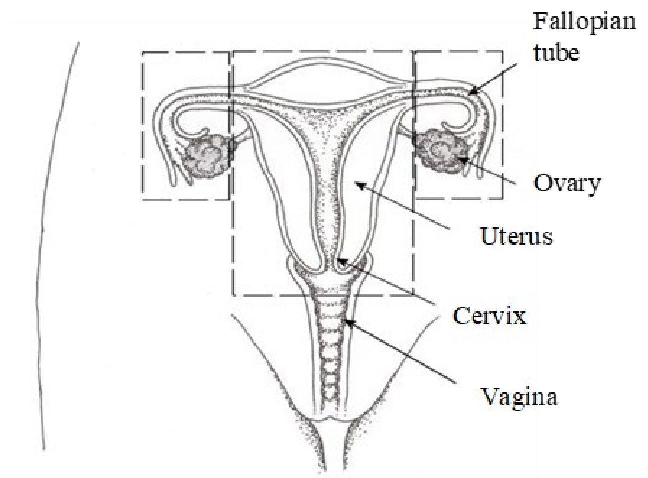
Having a vaginal hysterectomy

This leaflet is for women who are thinking about having a vaginal hysterectomy. It outlines the potential benefits and risks of this operation as well as what to expect during your recovery.

What is a hysterectomy?

A hysterectomy is the operation to remove a woman's womb (uterus).

Women have hysterectomies to treat a range of conditions such as fibroids, heavy periods, prolapse and cancer.



How are hysterectomies done?

Hysterectomies may be performed in different ways:

- Abdominal hysterectomy (through a cut across the lower part of the tummy).
- Laparoscopic hysterectomy (a keyhole operation).
- Vaginal hysterectomy (where the womb is removed through the vagina).

What happens during a vaginal hysterectomy?

- A vaginal hysterectomy is usually performed under a general anaesthetic, where you are asleep.
- The womb and cervix are removed through a cut within the vagina; this cut is then closed.
- The operation usually takes about one hour.
- The recovery time for this operation is usually less than an abdominal hysterectomy and usually involves a shorter stay in hospital. Most women will leave hospital the day after their operation.
- The scars from a vaginal hysterectomy are not visible as they are internal.

Why are vaginal hysterectomies done?

- Vaginal hysterectomies are traditionally done for women who are experiencing symptoms from a prolapsed womb.
- They are often combined with other operations to repair a vaginal wall prolapse (please see vaginal prolapse repair leaflet - https://www.royalberkshire.nhs.uk/media/nmjfpiii/surgical-repair-vaginal-prolapse.pdf)

What are the alternatives to vaginal hysterectomy for vaginal wall prolapse?

Vaginal hysterectomy is often chosen when other non-surgical treatments have failed or are not chosen by patients.

Alternatives to vaginal hysterectomy for prolapse include:

- Vaginal pessaries (plastic devices that stay inside the vagina to support prolapse).
- Pelvic floor exercises (can sometimes help prolapse symptoms).
- Other operations that lift the womb back into position (the woman keeps her womb) such as the sacrospinous fixation (SSF) operation (please see the information leaflet on SSF).
- You would have discussed why having a vaginal hysterectomy is the better option for you in your last appointment with your consultant.

Should I have my ovaries removed?

It is often difficult to remove the ovaries during a vaginal hysterectomy. If removal is necessary, another type of hysterectomy may be needed.

What are the risks and complications of vaginal hysterectomy?

As with most operations there are risks of:

- **Bleeding / bruising.** Bleeding can occasionally be heavy (1 in 50 women during a vaginal hysterectomy) and may need a blood transfusion or a return to theatre.
- **Infection.** Infections most commonly occur in the vaginal wound or urine. Rarely, an infection can occur inside the abdomen (less than 1 in 100 women). Antibiotics are given during the operation to try to prevent infections.
- **Blood clots in the legs or lungs.** You may be given a blood thinning injection and special stockings to reduce the risk of clots. The risk of a blood clot in the legs is around 1 in 250 women with this procedure.

Specific risks with this procedure are:

- **Future prolapse.** The womb is attached to the top of the vagina. 3 to 5 in 10 women who have a vaginal hysterectomy will experience a prolapse of the top of the vagina (vaginal vault) in later life. Operations that fix the womb back to its correct position have a lower chance of future vaginal prolapse at the top of the vagina (1 in 10).
- **Injury to internal organs** such as:
    - Ureters (which pass urine between the kidneys and bladder) or the bladder – 1 in 150 women.
    - Bladder – less than 1 in 100
    - Bowel – less than 1 in 100 women. These injuries would need an abdominal (tummy) operation to repair.
- **Abdominal (tummy) operation** to complete the hysterectomy. Rarely, the operation cannot be done through the vagina so it has to be converted to a laparoscopic or open abdominal operation.
- Small risk of **scarring** within the vagina, causing pain during sexual intercourse.

What might I expect after the vaginal hysterectomy?

- **Pain** following a vaginal hysterectomy is generally less severe than other types of hysterectomy. Strong painkillers will control your pain in hospital. Simple painkillers such as Paracetamol and Ibuprofen usually provide enough pain relief at home.
- **Bladder catheter and vaginal pack.** The catheter is a tube that empties your bladder. The gauze vaginal pack reduces bleeding. These will be removed the morning after your operation.
- **Eating and drinking.** You will normally be able to eat and drink within a few hours of your operation.
- **Vaginal bleeding.** You should expect slight vaginal bleeding (less than a period) for up to two weeks following your operation.
- Women normally **stay in hospital for one night** following vaginal hysterectomy.
- All **stitches** are internal and usually dissolve a few weeks after your operation. You may notice a stitch or part of one coming away after a few days; this is normal..

What might I expect after I have been discharged?

Your **follow-up appointment** will usually be six weeks after your operation. The ward staff will tell you if your follow-up appointment will be with your GP, at the hospital or by telephone.

Activity and work

Weeks 1 to 4: Rest and gentle activity.

Weeks 4 to 6: Light duties, e.g. desk work.

After week 6: Gradually restart normal activities.

- **Exercise:** Light exercise can start from six weeks after your operation. Your exercise level should increase gradually, reaching your normal levels ten weeks after your operation.
- **Washing:** For the first four weeks, shower or kneel in shallow water. Do this rather than soaking in the bath. This will allow the internal wounds to heal without getting wet.
- **Sexual intercourse:** Penetrative sexual intercourse should be avoided for at least six weeks after your operation, to allow the internal wounds to heal.
- **Driving:** Avoid driving for at least six weeks after your operation. Please check with your motor insurance company and make sure you can perform all the manoeuvres (including emergency stops) without pain before you restart driving.
- **Cervical smears:** When the uterus and cervix are removed, you no longer need to have smears unless your doctor advises otherwise.

Are there any worrying signs should I watch out for?

You should seek medical advice if you experience any of the following symptoms:

- Burning or stinging on passing urine – this may be due to **urine infection**.
- Smelly **vaginal discharge**.
- Heavy (more than a period) or smelly **vaginal bleeding**.
- If you **feel unwell** or have a **fever.**
- **Increasing pain**.
- Swelling, pain or redness in the legs– this may be a sign of a **blood clot** (deep vein thrombosis).

Further information

If you have any questions relating to this leaflet or other aspects of your care please feel free to ask your doctor or members of the nursing staff.
You can also call **Sonning Ward** for further information on: **0118 322 7181 / 7191**.

Websites containing useful information

- British Society of Urogynaecology website http://bsug.org.uk/userfiles/file/patient-info/Vaginal%20Hysterectomy%20for%20Uterine%20Prolapse-%20VH%20BSUG%20F1.pdf
- Royal College of Obstetricians and Gynaecologists website https://www.rcog.org.uk/en/patients/patient-leaflets/vaginal-hysterectomy/
- The Hysterectomy Association https://www.hysterectomy-association.org.uk/
- NHS Website http://www.nhs.uk/conditions/hysterectomy/Pages/Introduction.aspx

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

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

W Kuteesa, RBFT Consultant Uro-Gynaecologist (Pelvic Floor Clinic) September 2016
Reviewed: September 2024
Next review due: September 2026