VON VOIGTLANDER WOMEN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH

Total Abdominal Hysterectomy & Bilateral Salpingectomy for Benign Conditions

What is a total abdominal hysterectomy?

Is the removal of the uterus and cervix through an abdominal incision (either an up and down or bikini cut).

Removal of the tubes and ovaries (salpingo-oophorectomy) is a decision best made on an individual basis.

When is this surgery used?

To treat benign diseases of the uterus:

- Fibroids
- Endometriosis
- Infection in the ovaries or tubes
- Pelvic pain
- Overgrowth of tissue in the lining of the uterus
- Abnormal vaginal bleeding

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant in the preoperative anesthesia clinic.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.
- If your surgeon recommends lab work before surgery, **the lab work is best done at least 3 days before surgery.**

- Some medications need to be stopped before the surgery. Instructions on which medications you should stop and which you should continue will be provided at your pre-operative appointment.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- Most patients recover and are back to most activities in 4-6 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.

What can I expect during the surgery?

- In the operating room, you will receive general anesthesia.
- After you are asleep and before the surgery starts:
    - A tube to help you breathe will be placed in your throat.
    - Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
    - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery. The catheter will stay in until the next day.
    - Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- After you are asleep the doctor will remove the uterus, cervix, fallopian tubes, and possibly the ovaries through an abdominal incision. The top of the vagina is closed with a suture.

- Photographs may be taken during the surgery and will be placed in your medical records.

What are the possible risks from this surgery?

We work very hard to make sure your surgery is as safe as possible, but problems can occur. Below we tell you about some of the possible problems that can occur.

Possible risks during surgery include:

- **Bleeding:** If there is excessive bleeding, you may receive a blood transfusion. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor **before surgery.**
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **or bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, or bowel they will be repaired while you are in surgery.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea, or vomiting.
- **Hernia**: Weakness in the muscle at the incision that causes a lump under the skin.
- **Incision opening:** The abdominal or vaginal incision opens leading to bleeding or drainage of fluid.
- **Infection:** Bladder or surgical site infection. This may cause fever, redness, swelling, or pain.

- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going to your hospital room.
- Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better you may return to a regular diet.
- You may have cramping or feel bloated.
- You may have a scratchy or sore throat from the tube used for your anesthesia.
- You may:
    - Be given medications for pain and nausea if needed.
    - Still have the tube in your bladder. This will usually be removed within a few hours of your surgery.
    - Have compression stockings on your legs to improve circulation.
    - Be restarted on your routine medications.
    - Be given a small plastic device at your bedside to help expand your lungs after surgery.
    - Start walking as soon as possible after the surgery to help healing and recovery.
    - Stay in the hospital for 1-2 days.

How can I improve my chances of a good recovery?

Physical fitness

Research shows that getting more physical activity before surgery can lower your risk for problems after surgery. Walking is a great way to improve your fitness level before surgery. Even if you start walking just a few weeks before surgery, it can make a big difference. If you want to do a fitness program with over-the-phone support, ask your doctor for a referral to the Michigan Surgical

& Health Optimization Program (MSHOP).

Weight

If you are overweight, your recovery after surgery might be more difficult. If you are interested in weight loss programs such as nutrition counseling or the metabolic weight loss program, please let us know so that we can explore your eligibility for those services.

Quit smoking

Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.

Smoking is harmful to your recovery. If you smoke, your:

- Risk of having a lung problem is at least twice that of a non-smoker.
- Surgical incision will not heal as well, and you have a higher risk of Infection.
- Heart works harder.

How do I quit smoking?

Tips for quitting:

- Set a quit date. Involve your friends and family.
- Talk with your primary care provider about prescription medicines to help you quit.
- Ask your surgeon for a referral to the M-Healthy Tobacco Consultation Service

Tobacco Consultation Service

You can receive tobacco treatment services to assist you in quitting tobacco use before surgery. The 6-week program covers:

- Preparing to quit
- How quitting affects your body
- Tobacco treatment medications
- Setting a quit date
- How to live free of tobacco
- Relapse prevention

Explore and use the resources shown below. If you have a smartphone, there are many phone apps that can help you quit.

Phone resources to help you quit:

- Michigan Department of Community Health Tobacco QUIT NOW: (800)784-8669
- National Cancer Institute: (800) 4-CANCER
- Nicotine Anonymous (12-step approach): (415) 750-0328

Online resources to help you quit:

- How to Quit (CDC-Office on Smoking and Health): https://tinyurl.com/zjr83mj8
- Tips From Former Smokers-How to Quit Smoking (CDC): https://tinyurl.com/32tjwbfz
- BecomeAnEX (Truth Initiative and Mayo Clinic): https://www.becomeanex.org

When will I go home after surgery?

Most patients spend 1-2 nights in the hospital. On the day of your discharge, it would be best to have someone at the hospital by noon drive you home.

At home after surgery:

It is common not to have a bowel movement for a few days after surgery, especially if you are using opioid pain medication after surgery.

Call your doctor right away if you:

- Develop a fever over 100.4˚F (38˚C)
- Start bleeding like a menstrual period or (and) are changing a pad every hour
- Have severe pain in your abdomen or pelvis that the pain medication is not helping
- Have heavy vaginal discharge with a bad odor
- Have nausea and vomiting
- Have chest pain or difficulty breathing
- Leak fluid or blood from the incision or if the incision opens
- Develop swelling, redness, or pain in your legs
- Develop a rash
- Have pain with urination

Caring for your incision:

- Your incision will be closed with dissolvable stitches or staples.
- If you have staples:
    - They may be removed before you go home.
    - A visiting nurse may come to your home to remove them.
    - You may need to return to your doctor's office at a later date to have them removed.

Vaginal bleeding:

- Spotting is normal.
    - Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.

- It is common for the brownish discharge to have a slight odor because it is old blood.

Menopausal symptoms:

- If your ovaries are removed, you will be in surgical menopause. Symptoms of menopause may include hot flashes, vaginal dryness, mood changes, and vaginal discomfort with intercourse. If these symptoms cause you discomfort, please talk with your doctor.
  Before the age of 45, there is a greater risk of thinning and broken bones after your ovaries are removed. It is important to get the right amount of calcium and vitamin D from your diet or a supplement. Your doctor may want you to have a bone density scan to evaluate your bone health.

Diet: You will continue with your regular diet.

Medications:

- **Pain:** Non-opioid pain medications, like Tylenol and Motrin, are routinely recommended for consistent use in the first few days after your surgery. In addition, you may need opioid pain medication. We will discuss with you individually, if and how much is appropriate for you.
- **Stool softeners:** Use of Colace, fiber supplements or Miralax can help soften stool and avoid straining. Ask your physician if you have concerns about this. It is more likely you will need these if you are using large amounts of opioid pain medications.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. During the first week at home, you should minimize any strenuous activity.

Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.

- **Showers:** Showers are allowed 24 hours after your surgery.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance initially.
- **Lifting:** For 6 weeks after your surgery, we recommend you avoid heavy or repetitive lifting.
- **Driving:** The reason you are asked not to drive after surgery is because you may be prescribed pain medications. Even after you stop taking pain medication; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk. To allow your body time to heal, you should not return to vigorous exercise until you talk to your physician at your post-op appointment.
- **Intercourse:** No vaginal sexual activity for 6 weeks after surgery.
- **Work:** Most patients can return to work between 4-6 weeks after surgery. You may continue to feel tired for a couple of weeks.

Follow-up with your doctor:

You should have a post-operative appointment scheduled with your doctor for 4-6 weeks after surgery.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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