

Healthcare Associated Infections

How can I help to reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance of every ward before coming into and leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

Please keep visitors to a minimum and avoid young children and elderly relatives from visiting you in the hospital as they are the vulnerable group.

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Aysha Qureshi
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RUH

Information for Patients

Vaginal Hysterectomy and Pelvic Floor Repair



Child bearing and aging weakens the supporting tissues of the pelvic floor. The supporting tissues are made up of muscles, connective tissue, collagen and fascia. A weakness in any of these components can cause the organs surrounding the vagina to bulge into the vagina, resulting in prolapse.

The prolapse can be of the front wall of the vagina with the bladder pushing into it (cystocele), back wall of the vagina with the bowel pushing in it (rectocele), the top of the vagina with the uterus and the cervix pushing into it, or the upper end of the vagina if the uterus has been removed (hysterectomy). All the above can occur in any combination with varying degrees of prolapse.

Approximately 1 in 10 women have pelvic floor surgery to try and correct their prolapse, but up to 1 in 3 of these women will need to have repeat surgery at a later date, if the repair fails.

Anterior or posterior repair is the removal of excess tissue and suturing to tighten and strengthen the supporting tissue. Internal sutures are therefore present but these are dissolvable and do not need to be removed.

Vaginal Hysterectomy is the removal of the womb (uterus) and cervix through the vagina. There is no abdominal scar. The top of the vagina is closed. The ovaries are usually left intact and will continue to produce hormones if the menopause has not taken place. Premenstrual symptoms, if previously experienced, may therefore continue. On rare occasions the ovaries are removed, but this will be discussed prior to the procedure by your surgeon. If the ovaries are removed symptoms of menopause may be experienced.

Useful Contact Numbers

Charlotte Ward, RUH
01225 824434

Mrs Qureshi's Secretary
01225 824655

Mr Porter's Secretary
01225 824657

This leaflet explains the most common side effects that some people may experience. However it is not comprehensive. If you experience other side effects or have queries please feel free to ask your doctor, your hospital consultant or the nursing staff on the wards. We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information leaflet please contact Mrs Qureshi's Secretary. If you need an interpreter or the document in another language, large print, Braille or an audio version please let us know.

Further information

Incontact

Tel: 0870 770 3246

Email: info@incontact.org

Website: www.incontact.org

The Continence Foundation

Tel: 0845 345 0165

Email: continence-help@dial.pipex.com

Website: www.continence-foundation.org.uk

Womens' Health Concern

PO Box 2 2126

Marlow, Bucks SL7 2RY

Email: www.womens-health-concern.org

Tel: 0845 123 2319

Hysterectomy association

60 Redwood House

Charlton Down

Dorchester, Dorset DT2 9UH

Email: www.hysterectomy-association.org.uk

Tel: 0844 3575917 Mondays and Wednesdays 10.00 - 12.00

NHS Direct online

Email: www.nhsdirect.nhs.uk

Why is a hysterectomy necessary?

- Period problems such as heavy or irregular periods
- Prolapsed uterus a component of prolapse surgery where the uterus slips down and causes the feeling of pressure or heaviness in the vagina and something coming down.

If you have a hysterectomy:

- You will NOT be able to become pregnant.
- You will NOT need to use contraception.
- You will NOT have periods.
- You will NOT require cervical smears unless your previous smears have been abnormal.
- You will NOT undergo premature aging.
- You will NOT lose your sex drive.

What should I expect before the procedure?

You will receive an appointment to attend the pre-assessment clinic to discuss your plan of care. If you smoke, try to stop completely as this will make you anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes to recover. If you are not able to stop completely, stopping for a few days will be helpful. You will not be able to smoke while in the hospital. Smoking predisposes you to chest infections and coughing may put a strain on the sutured tissues.

You should make sure that you tell your family and employers of your inability to do heavy housework or lifting for up to 3 months. You should avoid standing for long periods, ironing, driving and strenuous exercise for the first 6 weeks.

The length of your stay is variable depending on the type of operation and your general health. You can expect to be in the hospital between 3 to 5 days.

Admission to hospital on the day of the operation

You should bring nightwear, a dressing gown, slippers, toiletries and any medication which you take regularly at home. You can also bring some magazines or books to pass the time. Please have a bath/shower on the day of the procedure. Remove all your make-up, nail varnish and jewellery before coming to the hospital.

You will be seen by the anaesthetist and the surgeon (or a senior member of the team) who will explain to you what will happen during the operation. You will receive clear information regarding the risk and complications associated with the procedure before being asked to sign a consent form. You will also have an opportunity to ask any outstanding questions not covered during your pre-admission clinic.

You will be measured for anti-embolic (support) stockings which will aid blood circulation in your legs while you are less mobile. You will need to put these on before you go to theatre. A hospital gown will be provided to be worn before going to theatre.

What will happen after the procedure?

After the operation we will take you to the recovery room. Once you are awake and breathing on your own we will take you back to the ward. You may have:

- A mask supplying oxygen.
- A narrow tube in your vein to replace lost fluid.
- A catheter (tube) draining urine from the bladder which will be removed after 36 hours.

What are the alternatives to this procedure?

Pelvic floor repair and hysterectomy is just one way to treat the symptoms of a prolapse.

Lifestyle changes - If you are overweight you should try to lose weight as it significantly improves the symptoms of the prolapse. Avoiding constipation will avoid stress on the pelvic floor. Stopping smoking makes you less prone to chest infections and avoids the stress of coughing on the pelvic floor.

Pelvic Floor exercises are the first line treatment. It helps to improve the symptoms, tone the pelvic floor muscles and lessen the chances of the prolapse getting worse. They are unlikely to cure the prolapse or improve once a large prolapse is present. Your doctor will refer you to see a physiotherapist who will teach you these if needed.

Pessaries (rings) can be used to hold a prolapse in position. These can be inserted by your gynaecologist or your GP. Pessaries come in many different sizes and shapes, and sometimes may need one or two adjustments before the right one is found. The pessaries are changed every 6 to 8 months by your doctor. Having a ring pessary should not cause a problem with intercourse but some women prefer to remove the pessary before intercourse and replace it after. Some types of pessaries prevent sexual intercourse and your doctor will discuss that with you prior to putting one in. Sometimes vaginal oestrogen is recommended to help prevent discharge and keep vaginal skin healthy. If you develop offensive discharge you should contact your doctor.

increase the length of your walks and remember to walk a distance that you can achieve comfortably without tiring yourself. Swimming is an equally good exercise and can be commenced 4 weeks after having the operation.

Weight - The operation itself should not cause you to gain weight. A reduced level of activity and feeling better after the operation can lead to an increase in appetite causing weight gain if you are not careful.

Daily routine - You should be fit enough to do light activities but avoid heavy lifting and sports for at least 6 weeks. Most people need 6 to 12 weeks off work.

Sexual intercourse - You should wait 6 to 8 weeks before sexual intercourse. Sexual response is usually improved after a hysterectomy due to the lack of discomfort and symptoms which led to the procedure in the first place. You may find a vaginal lubricant such as K-Y jelly, Sensilube or Replens helpful. You can buy this over the counter at your chemist. Talk to your partner about this as you will need extra gentleness and understanding.

Driving - You should be fit enough to drive within 4 to 6 weeks after the procedure but please check with your insurance company before doing so.

Advice/Queries - You can contact staff at the Charlotte Ward for any advice up to 6 weeks. Your doctor will also be another point of contact.

- A vaginal pack in place for 24 hours. This is made up of gauze material and helps to stop bleeding after the operation. It will be removed by a nurse within 24 hours.

Most women experience some pain or discomfort for the first few days after the operation. We will offer you painkillers in the form of injections, suppositories or tablets to help with this. The anaesthetist will discuss pain relief with you before you have your surgery.

If you feel the need to cough it is safe to do so. You should also carry out leg exercises which will help to prevent circulatory problems while you are less mobile. Do not cross your legs while in bed, move your feet up and down at the ankles so that you can feel the calf muscle tighten and relax. Circle your ankles round and round. Bend and straighten your knees.

A physiotherapist will see you and explain to you some pelvic floor exercises to help tone the pelvic muscles. The physiotherapist will also teach you leg exercises.

The nurses will help you wash yourself in the bed on the first day, and will offer you something to eat and drink. On the second day you will be helped and encouraged to have a shower. Your doctor will visit you the next morning to talk to you about the operation and answer your questions.

You can eat and drink, if you feel well, on the first day after the operation. You may have some wind pains. These may be helped by peppermint water, deep breathing and moving around. Stitches, bruising and swelling can cause discomfort, particularly when sitting.

It is normal not to have a bowel movement for the first 2 days. It is however important not to develop constipation. Try to eat fresh fruit

and vegetables. A suppository or laxative may be given to prevent constipation and straining.

What are the risks?

Most operations are straight forward, without complications. You need to be aware of the associated risks of the procedure when deciding about the treatment. A vaginal hysterectomy is a relatively safe operation and serious complications are not common. You and your doctor must weigh the benefits and risks of surgery, giving consideration to alternative treatments.

- Damage to the bladder or one of the tubes which drain the kidneys (the ureters) - occurs in 1 in 150 women.
- Excessive bleeding during or after the operation requiring a blood transfusion, return to theatre or a cut on the abdomen - occurs in 1 in 75 women.
- Deep venous thrombosis (DVT) is the formation of a blood clot in the leg vein - this occurs in 1 in 250 women. A clot can then move to the lungs to cause a very serious condition called pulmonary embolism. Preventative treatment will be given to reduce the risk of DVT.
- Infection can affect the wound, bladder, lungs or around the operation site internally. An antibiotic injection is given during the operation to prevent this. Most infections are easily treated with a course of antibiotics.
- Recurrence of the prolapse occurs in 1 in 3 women.
- Urinary retention or inability to pass urine is higher in women undergoing a vaginal hysterectomy as compared to abdominal procedures. If this occurs, urine can be drained using a catheter until you are able to void, usually within 24-48 hours.

- Bladder problems may include increased frequency of passing urine. It usually settles over a period of few weeks. A small percentage of women will develop stress incontinence (leaking with coughing, sneezing etc) after the procedure. This may require further surgery.
- Rarely, sexual discomfort occurs after vaginal surgery due to ongoing healing or the vagina may become tighter. While every effort is made to prevent this happening, it is sometimes unavoidable.

Getting back to normal

Recovery is time consuming and can leave you feeling tired, emotionally low or tearful. This is particularly true after a hysterectomy and is an expected reaction. Vaginal surgery does not produce a visible scar but it does not shorten the healing process. The body needs time to repair itself. You may feel tired for up to 6 to 8 weeks. The average stay in the hospital is 2 to 5 days but it will depend on your general health, your own positive attitude, and how smoothly things go after surgery. Recovery time varies from woman to woman and everyone's experience is different.

Vaginal bleeding - You may have some vaginal bleeding or blood stained discharge for up to 4 weeks after the operation. This should not be excessive or even like your normal period. If you have any new pain, fresh bleeding or bad smelling discharge you should contact your GP. Do not use tampons for at least 8 weeks.

Stitches - You will have vaginal stitches which are all dissolvable. Threads may come away for up to 3 months, which is normal.

Exercise - It is important to do pelvic floor exercises and general physical exercise. Walking is an excellent example. Gradually