Disclaimer

This movie is an educational resource only and should not be used to manage Hysterectomy surgery. All decisions about the management of Hysterectomy surgery must be made in conjunction with your Physician or a licensed healthcare provider.
# TOTAL ABDOMINAL HYSTERECTOMY

## Multimedia Health Education

## MULTIMEDIA HEALTH EDUCATION MANUAL

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INTRODUCTION

Hysterectomy, the surgical removal of the uterus, is one of the most frequently performed operations. A woman who has undergone a hysterectomy cannot become pregnant; therefore, if you think you may want to become pregnant in the future, you should discuss alternative options with your physician.

Laparoscopic Supracervical Hysterectomy is a minimally invasive procedure to remove the uterus while leaving the cervix intact.

To learn more about this surgery and the different types of Hysterectomies, let us first learn about the anatomy of the female reproductive system.
Female Reproductive System
The following organs comprise the female reproductive system are located between the urinary bladder and rectum.

- Uterus
- Ovary
- Fallopian Tube
- Vagina
- Cervix

Uterus
The uterus is a hollow, muscular, pear shaped organ of reproduction in the female. It is specialized for containing and nourishing a developing embryo from implantation to birth.
(Refer fig.1)

Ovary
One of two small glands situated on either side of the uterus and below the opening of the fallopian tubes. The ovaries are responsible for the development of egg cells (ovum) and the production of the female hormones estrogen and progesterone.
(Refer fig.2)

Fallopian Tube:
One of two tubes that connect the upper part of the uterus to the ovary. The tubes main function is to transport eggs and sperm and is the location where fertilization takes place.
(Refer fig.3)
Vagina
The passageway that connects the cervix with the external female genitals.
(Refer fig.4)

Cervix
A small organ with a central canal that is located between the vagina and the lower portion of the uterus. The canal allows for the passage of sperm, menstrual blood and for childbirth.
(Refer fig.5)
Why is it done?

Why is Hysterectomy performed? There are several reasons why your doctor may recommend undergoing a Hysterectomy procedure.

- Fibroids - benign, uterine tumors that can grow and cause symptoms such as heavy menstrual bleeding which can lead to anemia, urinary discomfort and frequency, backache and constipation.
- Uterine Prolapse - a condition that occurs when the ligaments holding the uterus in place become weak and lax causing the uterus to slip into the vagina.
- Menorrhagia - heavy, menstrual bleeding that has not responded to hormone therapy or D & C procedure or any other form of treatment. D & C (dilatation and curettage) is a surgical procedure where the lining of the uterus (endometrium) is scraped away.
- Adenomyosis - a condition where the uterine lining grows inside the muscular layer of the uterus.
- Endometriosis - a condition where fragments of the lining of the uterus (endometrium) are found outside the cavity. It may occur on the ovaries, tubes, outside of the uterus or anywhere in the pelvic cavity, rarely elsewhere. Its presence can lead to local inflammation, scarring and pain.
- Cancer of the uterus or cervix

Alternative Options

Alternative Treatments to Hysterectomy

It is important to know that there are options available to treat many of the problems that would normally indicate need for Hysterectomy. With new medications, technologies, and procedures to treat non-cancerous uterine conditions, it is important you discuss alternative options with your doctor and ask about the risks and benefits of each option.
Procedures & Types

A hysterectomy can be performed vaginally or abdominally and will depend on the medical reason for the procedure, size and position of your uterus, and your general state of health. Your doctor will discuss your best options with you.

Hysterectomy procedures include:

- Abdominal Hysterectomy - performed through either a horizontal or vertical incision in the lower abdomen.
- Vaginal Hysterectomy - performed through the vagina where an incision is made to remove the uterus and cervix.
- Laparoscopically Assisted Vaginal Hysterectomy (LAVH) - performed using a laparoscope (viewing instrument) and surgical instruments which are inserted through a vaginal incision and one or more small abdominal incisions.
- Laparoscopic Supracervical Hysterectomy (LSH) - performed using a laparoscope and surgical instruments inserted through several small incisions to the abdomen. This is a new procedure requiring specialized training for surgeons and may not be available everywhere.

Hysterectomy Types:

- Total Hysterectomy involves the removal of the uterus and cervix. When the fallopian tubes and ovaries are also removed, this is called salpingo-oophorectomy.
- Subtotal Hysterectomy (also called supracervical or partial hysterectomy) involves the removal of the uterus only, leaving the cervix intact.
- Radical Hysterectomy involves the removal of the pelvic lymph nodes as well as the uterus, cervix, ovaries, and fallopian tubes. This is done to treat endometriosis or when cancer is advanced.

Total Abdominal Hysterectomy

A Total Abdominal Hysterectomy, also called an open hysterectomy, is performed in the hospital under general anesthesia and will require a hospital stay. This procedure is often performed when large pelvic tumors are present or cancer is suspected.

(Continued in next page)
Your surgeon makes a 4-6 inch incision across the lower abdomen. The incision may be vertical or horizontal depending on the reason for the surgery, the size of the area to be examined, and your surgeon’s preference based on your particular situation.

Retractors are placed to spread the incision open. This gives the surgeon a clear view of the pelvic organs and more space to operate than with a vaginal hysterectomy.

Surgical instruments are used to detach the cervix and uterus from the surrounding organs, blood vessels and connective tissue.

(Refer fig. 6 to 16)

(Continued in next page)
Your surgeon removes the cervix and uterus.

If your surgeon also removes the fallopian tubes and ovaries, this is referred to as a Total Abdominal Hysterectomy with bilateral salpingooophorectomy.

(Refer fig. 6 to 16)
The abdominal incision is then closed with sutures or staples and covered with a sterile dressing.

(Refer fig. 6 to 16)

Post Operative Precautions

A Total Abdominal Hysterectomy is major surgery and will take time to recover. Most patients will stay in the hospital from one to three days before being discharged to home.

- You will be given pain medication to keep you comfortable.
- You will be given antibiotics to prevent infection.
- You will need to use sanitary napkins for vaginal discharge and bleeding.
- You will be encouraged to get up and walk the next day after your surgery.

Once home you will have restrictions to follow and will need to limit your activities until you are fully healed. It is important to note that recovery from an abdominal hysterectomy can take anywhere from 4-8 weeks. It is very important to adhere to all activity restrictions that your doctor orders.

Common restrictions include:
- No driving until full mobility resumes and you are no longer taking narcotic pain meds

(Continued in next page)
• No sexual intercourse for 6 weeks
• No heavy lifting over 20 pounds for 4-6 weeks after surgery
• No bending at the waist
• No pressure on the wound
• No sports activity
• No baths-You will, however, be allowed to shower after your surgery.

Risks and Complications

As with any major surgery there are potential risks involved. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery takes place.

Most women do not have complications after Hysterectomy; however complications can occur and depend on which type of surgery your doctor performs as well as the patient’s health status. (i.e. obese, diabetic, smoker, etc.)

Complications can be medical (general) or specific to Hysterectomy.

Medical complications include those of the anesthesia and your general well being. Almost any medical condition can occur so this list is not complete. Complications include:

• Allergic reaction to medications
• Blood loss requiring transfusion with its low risk of disease transmission
• Heart attack, strokes, kidney failure, pneumonia, bladder infections
• Complications from nerve blocks such as infection or nerve damage
• Serious medical problems can lead to ongoing health concerns, prolonged hospitalization, or rarely death.

Specific Complications for Hysterectomy include:

• Post-operative fever and infection-antibiotics given at the time of surgery lessen this risk but symptoms of infection should be reported to your physician and can include: fever, increasing pain, heavy bleeding, and foul smelling discharge.
Surgical injury to bowel or bladder—an uncommon complication that is usually recognized during surgery and repaired.

Abscess—a localized collection of pus (infected material) in a body cavity.

Fistulas—when an abnormal passageway occurs from one organ to the skin or to another organ.

Dehiscence—opening of the surgical wound after surgery.

Blood Clots—small clots can form in the leg veins (thrombophlebitis) causing sudden swelling or discoloration in the leg requiring immediate medical attention. A rare but life threatening complication can occur in which the blood clot travels to the lungs (pulmonary embolism).

Vaginal vault prolapse—Weakness of pelvic muscles that can cause the top of the vagina to drop down which can lead to urinary and bowel problems. Further surgery may be indicated.

Adhesions (extensive scar tissue formation) in the pelvic area. Rarely adhesions can obstruct the intestines requiring additional surgery.

Shortening of the vagina leading to painful intercourse.

Early onset of menopause

**Follow Up Care**

You will follow up with your surgeon about 6 weeks after your hysterectomy to ensure that everything has healed properly. Your doctor will discuss resuming normal activities at this time.

If you have had your ovaries removed during the surgery and are pre-menopausal, this will initiate menopause. Talk to your doctor about ways to handle menopausal symptoms such as hot flashes.

A Total Abdominal Hysterectomy removes the cervix therefore you will not require annual pap smears for cervical cancer. However, it is important to see your gynecologist for an annual exam.

(Refer fig. 17)
Although every effort is made to educate you on Total Abdominal Hysterectomy and take control, there will be specific information that will not be discussed. Talk to your doctor or health care provider about any concerns you have about Total Abdominal Hysterectomy Surgery.
YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO/CD/DVD/ WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name :  
Physician's Signature:   
Date :    

Patient's Name :  
Patient's Signature:   
Date :  

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