



THE HYSTERECTOMY BOOK

Introduction

A hysterectomy, the removal of a woman's womb (medically referred to as the uterus), is a major yet routine operation today, carrying with it many advantages for the women concerned.

In many cases the operation means an end to prolonged or heavy bleeding or pain, which may have worn a woman down for months or years. For many, a hysterectomy signals a new lease of life, a return to health, freedom from the monthly period, release from worries about pregnancy and contraception. However, there are two sides to every story. Many women, particularly young women, while acknowledging the need for the operation, may still feel a keen sense of loss at the removal of their uterus. This means an end, often premature, to their childbearing years. When the ovaries as well as the uterus are removed, women are sent into a sudden menopause, commonly called "the change of life", and are often ill-prepared for it.

So, a hysterectomy which can be of great benefit, may also bring sadness. How a woman copes will depend on the reasons for her operation, her attitude towards it, the information she has on hysterectomy, and the amount of support she receives before and after the operation.

The aim of this book is to be part of that support, to endeavour to answer the questions that women and families have about hysterectomy and to supply facts on what can be a misunderstood subject.

This book may be useful to women who are facing hysterectomy, as well as to women who have had the operation in the past. It should be of value to families, especially husbands and partners. It may not, however, answer **all** the questions a woman may have regarding hysterectomy.

What is a Hysterectomy?

Catherine: "My hysterectomy changed my life. I had been suffering for years with very heavy periods, tiredness, depression. I even spent time in a psychiatric ward because people thought I was imagining problems. Finally then, years ago, I had a hysterectomy. I've never looked back".

Anne: " I agreed to a hysterectomy because I was feeling so terrible and bleeding all the time. I didn't really know what it meant, and after it I felt depressed, jaded, totally changed. I thought I was going mad."

What is a hysterectomy? The name comes from two Greek words, "hystera" meaning uterus, and "ectomy" meaning removal, thus hysterectomy is the surgical removal of the uterus which usually includes the cervix (neck of the uterus).

The effect of a hysterectomy is that a woman will no longer have a period or be able to conceive. The physical act of making love (intercourse) is not affected, as the vagina is left intact. The clitoris, a site of sexual sensation and the lips of the vagina (labia) are unaffected. Hysterectomy does not lead to premature ageing or loss of femininity. A woman is feminine before her uterus and ovaries become active, and she remains feminine after their function ends.

The most common type of hysterectomy is a total hysterectomy when the uterus and cervix are removed. Removal of the Fallopian tubes and ovaries (salpingo oophorectomy) may also be required in certain cases. This type of operation may be necessary where disease or infection has spread to these areas; where control of a disease may require removal of hormonally-active areas, or in older women , where the ovaries no longer function and removal prevents the risk of cancer of the ovaries developing.

How common is hysterectomy in Ireland?

Between 2,500 – 3,000 hysterectomies are performed in Ireland each year. The majority of women undergoing surgery are in their mid-forties or older. Hysterectomy among women in their twenties and thirties is less common, but it does happen. Today a hysterectomy is a nationally available procedure, and any hospital with gynaecological facilities is equipped to carry it out. In about one-fifth of cases – one woman in twenty – the ovaries are removed as well as the uterus, which depending on the age of the woman may cause premature menopause.

The decision to carry out a hysterectomy is not taken lightly by doctors, and very good medical reasons need to be present before it is suggested.

When is a Hysterectomy necessary?

The most usual reason for hysterectomy is a malfunction of the uterus, Fallopian tubes or ovaries. This malfunction is caused by either the uterus being damaged or destroyed by disease or infection; hormonal changes in the uterus which begin to create problems or prolapse (dropping of the uterus).

Diseases

The most common physical diseases which could necessitate a hysterectomy are fibroids, endometriosis, or pelvic infection.

Fibroids

These are lumps of muscle or fibrous tissue, medically referred to as a Fibromyomas, which grow within the inner muscle of the uterus. They vary in size from a peanut to a grapefruit. They are benign growths and not a form of cancer. The reason for their growth is unknown but the female hormones are a factor. No drug will cure fibroids.

Normally they stop growing at the time of menopause and thereafter stay the same size or shrink. However, fibroids causes heavy bleeding, pain difficulties with intercourse, or are so large that they press on neighbouring organs like the bladder or bowel, then it is best to have them removed.

Sometimes it is possible to remove the fibroids only and repair the uterus. But in other cases, depending on the size, number and location of the fibroids, it may be necessary to remove the uterus itself as well as the fibroids.

Endometriosis

The endometrium is the tissue lining the inside of the uterus which is shed at every period. The condition called endometriosis occurs when this lining changes its position for some reason, and gets outside the uterus to cover other areas in the abdomen and pelvis. Whereas the endometrium lining the uterus is shed monthly, the lining growing elsewhere is not let go. It also bleeds at the time of the period, and may cause irritation, pain or swelling in the tissue in which it exists.

Endometriosis can sometimes be treated by “conservative surgery”, that is removing the diseased part only. Hormones may often be used to stop the growth and halt the spread of the disease. If it covers the pelvic area extensively, particularly if it is causing severe pain as sometimes happens.

Endometriosis is a variable disease, both in extent and duration. For example, it may affect only a small part of the pelvis, even one ovary, or it may extend over all the pelvic organs. It may occur for only one or two cycles, or it may extend over the whole of the reproductive life.

Pelvic Inflammatory Disease (P.I.D.)

Infection of the pelvis is common, but most infections are not serious and can be treated successfully with antibiotics.

Less common and more serious are infections occurring in the uterus, Fallopian tubes or ovaries which may form an abscess. Such infections may lead to serious illnesses, chronic pain or difficult periods. The surgical removal of the organs may be the only permanent cure.

Prolapse

A prolapsed uterus may be an indication for a hysterectomy. A prolapse is the exaggerated dropping or coming down of the uterus when the ligaments are weakened – usually following childbirth. Removal of the uterus may improve the repair of the muscles and ligaments supporting the vagina.

Symptoms of uterine problems

The most common symptoms of uterine problems are heavy and/or prolonged bleeding (menorrhagia), excessive period pain (dysmenorrhoea) or possibly back pain.

Bleeding

Excessive bleeding (Menorrhagia)

Bleeding is a very common symptom leading to a hysterectomy even in the absence of physical disease. Hormone treatment may often be successful in treating

distressing, prolonged bleeding. A simple contraceptive pill will often regulate the bleeding, and anti-prostaglandin drugs are also used.

Any bleeding of more than seven days is uncommon. It affects about 1-2 women in every hundred and usually indicates that something is wrong. As well as the distress, tiredness and life disruption it must cause, it can lead to anaemia (a reduction to below normal in the amount of red blood cells and/or haemoglobin in the blood), or it may indicate the onset of physical disease such as we have discussed.

Perception of what is a heavy or lengthy period will, of course, vary from woman to woman. Here are some guidelines. Most women judge the severity of bleeding from previous experience. A change in sanitary towel or tampon use is the most common way of assessing the situation. An increase in usage of say, from 4-8 towels a day is an indication that something is wrong and may need investigation.

Apart from the amount of blood loss each day, the duration of loss is also important. Again, a variation from the norm is what should be noted. If length of period doubles from two to four days, or three to six, or four to eight days it should be investigated.

In order to exclude the possibility of physical disease as a cause of excessive bleeding, a doctor will often perform a dilatation and curettage, (D & C) to allow him examine the uterus. In this simple procedure, the neck of the uterus is opened and the uterine lining is washed out. Although a D & C is used to establish a diagnosis, sometimes it has a curative effect in itself, and leads to a reduction in heavy bleeding.

Pain

Excessive Period Pain (Dysmenorrhoea)

At least half of all women under forty-five suffer pain at the time of their period. In one of four cases the level of discomfort is high enough to interfere with normal routine. Period pain is more common in younger women than in the forty-plus age group. However, it often disappears after childbirth. Hysterectomy is rarely necessary for period pain, unless it is related to physical disease.

One effective treatment for period as well as for excessive bleeding is the group of drugs called antiprostaglandins. Available with a doctor's prescription, they should be taken at the first sign of a period (menstruation).

These drugs are more effective for severe period pain than the well-known brand named pain relievers.

It is important to exclude any physical disease which may be causing pain. A doctor may determine this by a physical examination, and in some cases, by carrying out a small procedure which allows him to see the pelvis through a small incision in the abdomen (a laparoscopy).

Back pain

Many women with uterine problems will have symptoms of back pain, low back pain, as well as feelings of weariness and fatigue.

Hysterectomy and Cancer

Joan: "Cancer? We all think of it, and often we're too afraid to say it out loud".

A woman, whose doctor suggests a hysterectomy to cure uterine problems, may fear she has cancer. Very probably these fears will be groundless. Cancer of the uterus, Fallopian tubes and ovaries occur in only about three in every hundred women. The majority of women with uterine cancer are cured by treatment. But while not the most important reason for a hysterectomy, the cancer link is important, because in many cases a hysterectomy will be the only method of curing this disease.

The extent of the surgery will vary the type and extent of the cancer. There are three types of cancer which may necessitate a hysterectomy, including the removal of Fallopian tubes and ovaries:

1. Cervical Cancer

Cancer of the cervix or neck of the uterus is the most common of the three types of cancer which may necessitate a hysterectomy. If a smear test is carried out regularly, cervical cancer can be detected early. Women should contact their doctor about the interval between smear tests. Cervical cancer is often dealt with by a small operation called a cone biopsy, in which a small cone-shaped piece of the cervix is removed before the cancer has a chance to become deep-seated.

The cone biopsy will also indicate whether the cancer cells have gone beyond a superficial level. If not, a woman should have a smear test more frequently or coloscopy, which is a method of examining the cervix using a magnifying instrument called a coloscope, to make sure all is clear. In most cases, the cells of the cervix return to normal. If not, further surgery may be necessary.

2. Cancer of the Uterus (Endometrial Cancer)

This is not detected by a smear test. The first symptom is usually abnormal vaginal bleeding, perhaps between periods or when the menopause is over. The bleeding may be slight, but it should be investigated immediately. Although cancer of the uterus is rare in women under fifty, it is not unheard of.

3. Cancer of the Ovaries

This is fairly uncommon and is usually treated by hysterectomy including the removal of the ovaries and Fallopian tubes followed by treatment with radiation and chemo-therapy. Detection of ovarian cancer is difficult. The symptoms may be vague – abdominal pain, indigestion, signs of hormonal imbalance resulting in irregular periods and/or hot flushes.

To sum up, while problems in the uterus may be dealt with through drug therapy or simple surgery, in some cases a hysterectomy may be either medically recommended or absolutely essential.

The Emotional Agenda

Breda: " I hated the thought of a hysterectomy. I didn't want one but I had to have it, I cried for weeks beforehand, and talked my head off. It helped a bit".

Hilary: " I was dying to have the thing out and throw it away".

In the preceding section we have considered the medical reasons why a woman may need a hysterectomy. However, it is important to remember that medical reasons may not be the only considerations. In nearly all cases, (other than cancer or acute emergency), the decision on surgery will involve comparing the degree of risk and discomfort of the disease, with the risk and possible benefits of surgery.

Most women have some anxiety about surgery. With all operations, there are fears of damage, loss, dependency, even death. Some women fear the operation will have a bad effect on their sexual relationship. Others will be anxious about hormonal changes, and the effects these may have on appearance, skin and confidence. These fears are common. Some women may feel that they are less feminine because of the loss of their monthly period, or may fear they will lose sensual and sexual capacity. The biggest fear of all for many women is the permanent loss of the childbearing role. Some women feel they are not properly female unless they are able to have children, even women with already large families can feel a sense of loss. Other women may worry about helplessness after their operation, fear that they will be unable to hold down their job, look after their family, and may worry generally about coping after the operation.

Such fears are sometimes unfounded. Hysterectomy often has a positive effect on sexual relationships, and the operation in itself will not create hormonal changes unless the ovaries are removed, which happens only in a minority of cases. In these cases, HRT (Hormone Replacement Therapy) may be prescribed.

Ovary Removal (Oophorectomy)

In a small number of cases, due to disease, not necessarily cancer, it may be necessary to remove both the ovaries and the uterus. A surgeon may not know until the operation is in progress, that the ovaries need removal, and so may not be able to alert the woman in advance.

Ovary removal is significant, because it is in the ovaries that most of the production of the female sex hormones (oestrogen and progesterone) takes place. Their removal signals the onset of the menopause, the change of life. When performed on women in their twenties and thirties, the effect of the operation is to catapult them into a premature menopause.

In discussing ovary removal, a woman should ask what is relevant to her. Is the ovary removal necessary? What effect will it have? What is the menopause? How might she feel? How can she help herself?

Finding Out

Rosemary: "My doctor was very good. He sat me down and talked to me and seemed to have all the time in the world."

Tricia: "I found my doctor unhelpful. He told me to go home and discuss the operation with my husband, but I didn't know what to discuss, because I didn't know what it was going to be like, or what choices I had".

In order to cope with understandable fears, a woman should obtain, prior to the operation, as many facts as she can about her condition, talk about her feelings, and ask the questions she wants answered.

Even so, decisions about a hysterectomy can be difficult. Some women prefer the doctor to take complete control, others will wish to decide for themselves. The best approach is an exchange of information and views between patient and doctor, so as to arrive at a mutual agreement about the best course of action.

For example, if a woman who has not yet completed her family is presented with the option of a hysterectomy for good medical reasons, she may well agree. On the other hand, if the operation is not urgent, and if some medium-term measure can be taken to improve her condition, she may wish to delay the hysterectomy in order to allow her try for another child.

However, a woman may be in a poor position to make decisions about her future if she hasn't adequate knowledge about the implications of various options. Many women know little about hysterectomy and what it entails.

Usually, it will be a great shock to know that a hysterectomy is necessary. A woman may feel generally unwell due to her chronic symptoms. She may be in a poor frame of mind to assess difficult technical jargon. She may therefore, like to take a little time to get used to the idea, talk it over with someone close to her, before she returns to the doctor with further questions. This preparation is important. While the decision to have a hysterectomy may be correct, how a woman is prepared for it, can either help or hinder her recovery. The state of mind she is in and the degree of support she will receive professionally and personally, will affect her both before and after her operation.

For many women there will be no problem. The hope of an end to a life-threatening disease or distressing periods, the belief that she will feel well again, will tend to have her view the operation very positively. However she may still feel anxious and worry about the after effects.

If a woman wants such non-medical questions discussed, she may have to introduce them into the conversation herself. Where she is nervous or forgetful, a list is helpful.

So in preparing for a hysterectomy, it may be necessary for a woman to take more control of her own body and her feelings. In the past many women have tended to be passive and content to leave everything to the doctor. There are still many today who wish to handle medical situations in this way.

Others however, feel frustrated and resentful if they do not have sufficient information about their condition. These women can help themselves by asking questions. They should not be afraid to say they don't understand, and ask for explanations expressed in language that they do understand.

Preparation for the Operation

As well as finding out about hysterectomy and what it involves for her, a woman can help herself prepare in the following ways:

- Talking about her feelings to her partner, family and friends and inviting them to do the same, so that patterns of open, honest communication are established.
- Reducing weight, if overweight, as this will aid recovery after the operation and minimise complications during surgery.
- Stopping any oral contraceptive pill at least one month before surgery to avoid the risk of blood clotting. It is important however, that some other form of contraception be used. A woman should discuss this further with her doctor or family planning clinic.
- Cutting out, or cutting down on smoking some weeks before surgery to avoid the risk of chest infections after anaesthesia.

In hospital

A woman may have a consultation with the Physiotherapist prior to her operation. This will involve information on protection of her wound during movement and exercises to ensure good circulation with her legs and effective use of her lungs following the anaesthetic. The Physiotherapist may also arrange to see a patient following her operation.

Before the operation a woman has to sign a consent form permitting the surgeon to perform the hysterectomy and any other work " that may be deemed necessary". This is to counter a situation during the operation where a surgeon finds that other problems come to light and rather than have the woman go through two operations, he may decide it is in her interest to do all the surgery at the same time.

Hospital procedures before the operation may include shaving of the pubic area. This is to avoid the risk of pubic hair infecting any wounds. Pubic hair grows again in the normal way. An enema or suppositories may be administered the night before surgery to empty the bowel.

The Operation

There are two main avenues to the uterus, through the vagina or through the abdomen. Most surgeons work through the abdomen. It is a more difficult operation to remove the uterus through the vagina, unless the uterus has prolapsed downward.

The vaginal operation has the advantage of having one wound and avoiding the abdominal scar. It is best however, to accept the type of hysterectomy recommended by the surgeon. In Ireland there are twice as many abdominal hysterectomies performed as there are vaginal ones. Most surgeons make an incision at the "bikini line", making the cut as discreet as possible.

The operation takes about 45 minutes and is performed under a general anaesthetic. Before going to theatre, a woman will be given drugs which will help her to feel relaxed and take away any anxiety.

On awakening in the ward after the operation, a woman may have a drip in her arm containing drugs to help her rest as comfortably as possible. She may have a drain from the operating site and occasionally a catheter draining the bladder. These tubes will normally be removed after a few days.

After the operation

Claire : "I felt terrible for days after the operation".

Gemma : "The staff were so kind, I couldn't praise them highly enough. I was sore, but felt like a million dollars, relief, I suppose, that it was all over."

Each woman reacts differently to a hysterectomy. Reaction will depend partly on her temperament, on how run down she is before the operation, on how big the uterus is, and partly whether any complications arise during or after the operation. Complications in surgery nowadays are fairly rare, but there will be some common physical problems after the operation.

Soreness:

Most women will feel sore after the operation with the soreness decreasing as each day passes.

After the anaesthetic it will help to concentrate on –

Breathing Exercises:

Take a deep breath in, hold 2 counts.

Breathe out slowly

Repeat x 3 times

Do this regularly until you are up and about.

This exercise also helps loosen phlegm

Coughing:

If you feel the need to cough, the least painful and most effective way is to huff. To do this, sit forward, bend your knees, support your wound firmly with your hands, (or towel/pillow) breathe out through your mouth with a short forced sigh. Repeat, if necessary. If you have had vaginal surgery apply hand pressure over your pad while coughing.

Circulation:

Bend and stretch the ankle briskly

Do this 20-30 times regularly

After a day or two –

Knee rolling:

Lie with your knees bent

Keep both knees together

Roll them gently from side to side

Repeat a few times provided you are comfortable

Pelvic tilt:

Lie with your knees bent

Tuck your tummy in and press the small of your back onto the bed

Hold for a few seconds and slowly let go

Repeat a few times provided you are comfortable

Both of the above exercises will help to relieve wind and backache.

Pelvic floor exercises:

The Physiotherapist will advise you when to start this exercise.

Sit or lie – Pretend that you are going to pass wind. Tighten around your back passage to prevent this and hold the tightness. Continue to hold and pretend you are having a leakage of urine from your bladder. Tighten around your front passage and hold. Now gently let go. You have just done a pelvic floor contraction!

You can practice by:

- i. Tightening up as hard as you can and let go immediately – repeat x10 (fast contractions)
- ii. Tightening up as hard as you can and hold this for a few seconds (max 10) and let go – repeat x10 (slow contractions)

Squeeze the muscle every time you cough, sneeze, lift or exercise.

Going to the toilet

Bladder

Many women report a scalding sensation when passing water for the first day or so after the operation. This is because the bladder is beside the uterus and may have suffered some bruising during surgery.

Bowel

For about a day or so after the operation, the bowel is less active than usual as a result of anaesthesia or manipulation during surgery, or both. This is the reason why food and drink are restricted for a short time after surgery.

Bowel movements will be helped if the woman gets up and moves about.

This may be the last thing she feels like doing, but it will help her bowel activity, general circulation, aid the recovery process and avoid the risk of clots. Therefore, even if painful, it's a good exercise.

After a few days when the woman is eating and drinking again, the bowel increases its activity, but the mechanism associated with its function may not yet have fully returned. Colicky pains occur, usually referred to as wind pains. A woman may feel "blown up" and experience some discomfort. The pains may grow in intensity as the gas passes round the intestine, until it gets to the back passage and is released. Tactics to overcome wind pains vary. Aspirin, laxatives, peppermint water, suppositories may be offered. Charcoal tablets may help as they absorb gas in the bowel and reduce distention and colic. Codeine should be avoided as it may cause constipation. Fizzy drinks should also be avoided as they may increase wind. It is good to drink plain fluids such as water and fruit juices.

Vaginal discharge

The internal wound at the top of the vagina takes longer to heal than the abdominal scar. While healing, there may be a vaginal discharge, red, brown, yellow or white in colour. Blood, (red or brown) may be discharged from the vaginal wound.

This vaginal discharge usually disappears within a fortnight after surgery, but sometimes lasts for 6-8 weeks. If this discharge is prolonged, the doctor should be told. If the discharge turns yellow and has an offensive smell, it is probably infected. An antibiotic may be needed to clear up the infection.

Emotional Reactions after the operation

After the operation, a woman will have a variety of differing and often conflicting emotional reactions. An initial cheerfulness that the operation she may have feared is over, may be replaced by sadness at what she has lost and worries about the future. Her recovery may be helped or hindered by the reaction of family and friends. A partner's role can be crucial in giving a woman the reassurance that he still cares about her, and is interested in her problems and progress.

Insensitive visitors, on the other hand, can do damage. Would-be amusing remarks about future freedom from contraceptive worries, can be extremely hurtful to a woman who is only coming to terms with the loss of her childbearing function – no matter how many children she may have already.

Questions you may have after the operation

After the operation, a woman may have almost as many questions as she had before.

Was the operation a success? How is she doing? She may feel in great form or she may feel tired and depressed and need medical reassurance that such feelings are normal. She should ask the doctors any questions she may have.

The nursing staff will always be available to assist you and discuss your concerns with you. Patients are normally seen by a doctor every day. It can, however, be difficult for a woman to feel she can speak privately to her doctor on a busy hospital round, in a way that meets her needs.

As with pre-operation queries, a woman may have to be prepared to speak up if she feels anxious about unanswered issues. She could perhaps ask to speak to the doctor alone.

Even if she has no specific questions, a short chat between the woman, her partner, or close family member and a doctor before she goes home could be helpful. Such a meeting, in which the doctor explains the possible course of the recovery stage at home, could help communications in the days and weeks ahead.

Going Home

A woman normally stays in hospital about 6-10 days after a hysterectomy, unless there are complications to prolong her stay. By the time she is going home, she will be up and walking about again, her blood loss and vaginal discharge may be tapering off, and her wounds will be healing. Abdominal stitches (in the case of abdominal

hysterectomy) will be removed 5-7 days after the operation. Other internal stitching will be of a self-dissolving nature.

Before going home, an appointment will be made for the woman to return to see her doctor for a check-up, approximately six weeks after the operation. She will be given general advice to "take it easy" and not to lift heavy weights. She may be told not to drive for a few weeks, and refrain from sexual intercourse until after her check up.

May : " It was alright as long as I was in hospital, but when I got home, it was then the problems started".

Philly: "I began to feel better the minute I hit home. I could relax, take life at my own pace. The kids were very good."

And so it's back to Home Sweet Home. In common with other stages of this operation, how a woman fares at home will depend on her rate of recovery. Her own attitude, the support, or lack of it, both practical and emotional from family and friends and the contrast between her life and health, before and after the operation, are important factors in her recovery.

The rate of physical recovery from surgery varies greatly from woman to woman. Some recover quickly. Perhaps weighed down for years by heavy and prolonged periods, the hysterectomy releases a new burst of energy. Within a few months of the operation, they feel better than they've done for a long time.

Other women take longer to recover physically. They may feel tired and ill or grow depressed. They may mourn the end of their childbearing years. These feelings will not be helped by unsympathetic family and friends who tell them to "pull yourself together", and refuse to understand their emotional needs.

Of course there can be difficulties coming home from hospital after any operation and hysterectomy is no exception. In hospital, the woman is, as it were, wrapped in cotton wool. She is minded and looked after, cocooned from the daily routine. But as soon as she goes home this emotional and physical support is withdrawn. She may feel she is on her own, unprotected, tired and unwell, and lacking in confidence. This combined with feelings of emotional loss, may further depress her.

So how to accentuate the positive and eliminate the negative? For all women there are some DO's and DON'Ts concerning housework, lifestyles and attitude.

Anne: "I just sat there like Lady Muck giving orders. You couldn't satisfy me, and I felt so frustrated that I couldn't get stuck into the work myself."

Do's and Don'ts

DO:

Realise that feeling tired is normal. Your body has had a severe shock and will take time to return to normal.

DO:

Rest for a while every day, especially in the first few weeks.

DO:

Continue with the exercises you did in hospital especially pelvic floor exercises, which should become part of your daily routine. About 6-12 weeks after the operation, you can take up your normal sports activities, walking and swimming are excellent exercises. If you have any further queries contact a Chartered Physiotherapist.

DO:

Balance the rest with exercise, a short walk if possible, lengthening it as time goes on.

DO:

Avoid bedmaking (unless you use duvets). Bedmaking is one of the most strenuous household chores, best to avoid it altogether for the first few weeks, if possible.

DO:

Keep active within the above limits. You are not ill but recuperating.

DO:

Keep active mentally. Plan activities for the weeks ahead.

DO:

Think positively about the future. You have lost your uterus, but you are still you, with your sense of humour, your attitudes, skills and beliefs.

DO:

Eat balanced meals

DO:

Talk about your feelings to your partner, family and friends. Realise that this is a hard time for them too, and they may need your help in understanding how you feel.

DO:

Feel able to go to your G.P. and discuss anything that is bothering you.
Just one DON'T here: **don't** suffer and worry alone

And now for the Don'ts:

Don't overstrain yourself physically by:

- Standing about unnecessarily
- Carrying heavy weights such as shopping
- Lifting heavy objects (and this includes children)
- Vacuum cleaning
- Driving for long distances

Driving involves quick reflexes and judgements, which may be impaired for the first few weeks. So don't drive right away, and if it is essential, try and limit yourself to short trips with a break in between.

Don't suffer unnecessary emotional distress by:

- Being a perfectionist about the house
- Refusing offers to help

- Bottling up your feelings
- Cutting yourself off from family and friends

Perhaps the best advice about housework is that you do what you normally do (except vacuum cleaning and bed making for the first few weeks). However, do it at much slower pace than in the past, building up speed and endurance slowly, week by week.

Feelings and Experiences after Hysterectomy

Once home, many women report that some physical problems remain or become apparent. Many women suffer unusual tiredness after hysterectomy, some experience hot flushes and lack of concentration, but normally these symptoms will pass.

Because of bruising, damage to nerves or changes in pelvic area, the bladder and bowel function may not be completely normal until 1-2 months after surgery. Some women can suffer from constipation, though this can be helped by adding more fibre to the diet by including wholemeal-bread, cereals, fruit and vegetables. Drinking plenty of fluids will also help.

Weight Gain

Many women put on weight after hysterectomy, and yet doctors are emphatic that there is no clinical reason why this should be so. A possible reason for weight gain is that women may not be taking as much exercise after an operation, and are therefore leading a less active life. Depression can also lead to over-eating.

There are some practical points also to be made. When a woman has been suffering from heavy or lengthy periods for months or years, her calorific loss may have been quite considerable. Her potential weight gain is, therefore, greater if she eats as she did before. So it may be important after a hysterectomy either to eat less or eat differently – to eat fresh foods including fruit and vegetables and avoid fatty and sugary foods - and to balance food intake with energy expended.

Exercise

Exercise gets people out and about, meeting others and generates a feeling of wellbeing. Exercise will contribute to correct weight and a trim shape.

While in hospital, immediately after a hysterectomy, the Physiotherapist may demonstrate suitable exercises which will be beneficial. These will often start with food movement and light exercises and followed by more specific exercises when the wound is healed.

Emotional Problems following Hysterectomy

Gillian: " I don't know what I would have done without my husband. I talked and talked, I fought with him, and he put up with it. Many men don't"

Siobhan: " nobody really understood how I was feeling. I had to go through it alone."

For many women a hysterectomy creates a significant amount of psychological and physical stress. For weeks or months after the operation, many woman can have bouts of anxiety and sadness with mood swings.

Some do not deal well with this stress. A common stress-induced problem is depression. Depression is known to occur as a reaction to what the woman considers a loss. For example, most people feel depressed after a close bereavement. It follows then, that those women who see hysterectomy as a big loss, will be more likely to become depressed. She may feel a sense of loss because of the end of her childbearing years or because she feels she has somehow lost some of her femininity through the operation. These negative feelings will remain where a woman experiences unhelpfulness or indifference from family and friends.

Another by product of stress is anxiety. A woman suffering from anxiety may have a tense, apprehensive attitude. She may suffer from specific fears – fear of going out, fear of being unable to cope, or she may experience anxiety and become generally afraid of the future.

Go for Low Fat
Healthy Eating

How to use the Food Pyramid

Each plate is one serving. The number of servings you need each day (for adults and children) is given for each shelf of the Food Pyramid. Choose whatever combination of plates you like to make up your total number.

The Six Week Check

The purpose of the six week check is to allow the doctor assess progress, and ensure that healing has taken place correctly. An internal examination will be carried out. This is an ideal opportunity for a woman to ask any questions she may have or discuss any problems she may be experiencing. It is also the time that some brief discussion on the resumption of sexual intercourse might take place.

If while in hospital, a woman has not been able to ask the doctor what was found during the operation, and if she wishes to know, now is the time to ask. This information could be helpful in the future.

Hysterectomy and Sex

Jean: "I was terrified and yet I wanted to."

Geraldine: "My husband was patient and caring and it meant an awful lot. It really helped me when we finally did make love, and it made me feel much better about the operation."

For many women their sex life improves after hysterectomy. The illness that may have been making her feel tired and unwell is over. She need no longer worry about periods, pregnancy and contraception. The removal of the uterus should not affect the physical act of making love. Sexual stimulus occurs almost everywhere except in the uterus.

After hysterectomy, sexual activity need not take a turn for the worse. That is the theory, but in practice there may be some problems. Many women are nervous about intercourse because of fears of pain or pressure on the scar, or of causing internal damage. It is not unknown for a woman to loose her sexual drive temporarily as a result of surgery and general fatigue. She should explain this to her partner. His patience and understanding will help greatly. Holding her, helping her to feel loved and cherished, will improve the situation and her recovery, enormously. It is obvious that where a relationship is good and communication is open, sexual problems are less likely after hysterectomy. There may be difficulties if the couple cannot express their feelings and needs to each other.

As far as the act of intercourse is concerned, once the wound is healed and pronounced so by the doctor, it is safe to make love. Some women are so anxious for the comfort and reassurance of normal sexual life, that they don't wait for six weeks, although this is not medically recommended. It is advisable not to have penetration-type sex until the healing has taken place.

When intercourse first resumes, a woman should tell her partner how she is feeling. It is important to be gentle. If intercourse is wished, but deep thrusts cause her discomfort, most men can climax by moving the penis in the lower part of the vagina. This coital compromise may be necessary for a few months.

Hysterectomy and the Menopause

Many women are confused about the relationship between hysterectomy and menopause. Much of the confusion is caused by the dual meaning of menopause, meaning both the time at which the period stops, and the time during which the ovaries diminish in function.

In the woman who is still menstruating, hysterectomy stops the monthly period. However, unless the ovaries are also removed, the woman will not experience symptoms of the menopause until she reaches her natural menopausal age.

The post-menopausal older woman who undergoes hysterectomy will not experience another menopause, as her ovarian function has stopped, another monthly cycle is already completed.

When the ovaries of a woman who is still menstruating are removed during hysterectomy, she will begin premature menopause. It may be a difficult time for her. As well as recovering from surgery, she may also have to cope with some of the side-effects of menopause. So, what is the menopause and what are its effects?

The Menopause

The word menopause comes from two latin words, "mensis" meaning month, and "pauses" meaning stop. It marks the end of the monthly period, the end of reproduction and the capacity to have children.

To understand why the menopause occurs, it is necessary to know about the body's hormones. These are naturally occurring chemical substances produced by various glands in the body. The female sex hormones, oestrogen and progesterone are produced by the ovaries. They control the monthly changes in the uterus.

When the time of the change of life occurs, the ovaries gradually diminish in size and function, and the hormone production is greatly decreased. It is important to understand that this hormone decrease at the menopause is normal, and occurs in every woman.

However, the action of ovaries varies from woman to woman, and this is one reason why the menopause is experienced differently by individuals. If the ovaries slowly wind down, a woman may not realize she has reached the menopause, except for the ending of her period. On the other hand, if the response of the ovaries to the hormonal changes is erratic, then the body can be thrown into chaos, leading to irregular, slight or heavy periods and other unpleasant symptoms.

What are the symptoms of the menopause? The two main symptoms are hot flushes and a decrease in the moisture and elasticity of the vagina. Other possible symptoms include, night sweats, insomnia, palpitations, anxiety, nervousness, tearfulness, mood swings, poor concentration, painful intercourse and weakening of the bones (osteoporosis). Medical treatment for the menopause is usually a course of hormone replacement therapy (HRT).

Hysterectomy and Hormone Replacement Therapy

Hormone Replacement Therapy or HRT, refers to the use of hormones during the menopause, to compensate for the reduction of hormones which occurs in the ovaries at that time. Until recently HRT was almost synonymous with oestrogen therapy. Progestogens, (synthetic progesterone) are now increasingly recommended.

A hysterectomy as such, is not an automatic indication for hormone therapy. When ovarian function ceases because of the removal of the ovaries, then administration of the hormones will be considered.

Where there is nothing to indicate to the contrary, oestrogen therapy is the preferred form of treatment for a woman who has had a hysterectomy. The younger the woman, the more she will gain from long term oestrogen administration. H.R.T., together with regular exercise and a calcium rich diet will help prevent osteoporosis in later life. Oestrogen may be given in tablet form, or as an injection. It is possible to give oestrogen as a long-acting injection or implant which may last as long as six months, but that method is not routinely offered in this country.

Before a woman begins HRT, she should have a clean bill of health and a breast examination. HRT is not suitable for everyone. Anyone who has a

history of high blood pressure or blood clots, should have a thorough check-up before taking treatment. Women who have had cancer of the breast or cancer of the uterus (endometrial cancer), may not be offered HRT. Alternative therapy may be offered to these women.

Helping others to help you

Your partner, family and friends may feel confused about how to treat you after the operation. Sometimes you must explain what your needs are, both practical and emotional, in order that your family may respond correctly.

Doing things for others can take your mind off your own problems. It will also give you a feeling of satisfaction and accomplishment. But don't take on jobs beyond your present physical ability. Find your own level.

Don't expect too much of others. Ease up on your criticism. Try and remember that this may be a difficult time for all the family. They may also be worried about you. Trust yourself more, and you will trust others.

Helping yourself

A woman will help herself best after hysterectomy, if she tries to think positively, takes sufficient rest, eats a balanced diet, takes suitable exercise, allows other people to help her when necessary, and sets some realistic goals and plans for the future.

Here are some useful tips:

- Is something worrying you, let it out. Talk it over with someone close who will listen. Talking relieves the strain and helps bring problems into perspective.
- Don't spend all your time worrying about your problems. Escape for a while into a book, television, film, game. True escapism can be overdone, but short breaks are good.
- Give your emotions a rest by switching to physical activities. Action is one of the best ways of dealing with tension.
- Tackle one thing at a time. If jobs are piling up, do the most urgent first. Put the others aside for the moment. Learn to take things in order.
- Don't try for perfection in everything. You will do something better than others. Give yourself a pat on the back for those you do well. Don't try to get into the Guinness Book of Records with everything you do.
- Too much work can be harmful. A night out is good for physical and mental health, and may be just what you need.