



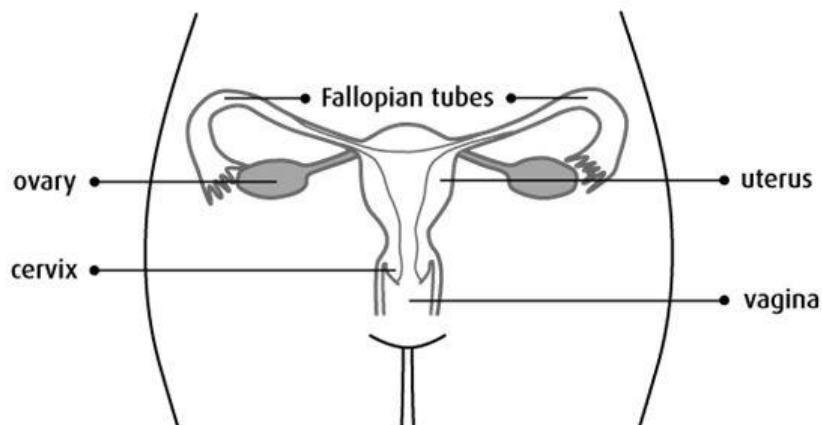
Your Hysterectomy Surgery

Your Gynecologic Oncology Surgeon has scheduled you for a hysterectomy. This handout will give you information about your hysterectomy surgery. It is important that you and your family member/partner-in-care read this handout. You will also need to read the booklet called 'The Surgical Passport' that you were given.

Why you need to have a hysterectomy

You may need to have a hysterectomy because you have a mass or tumour in your pelvis. This tumour can be benign or malignant. Benign means that it is not a cancer. Malignant means that it is a cancer.

A picture of your pelvic organs



You may also need to have your upper vagina or your cervix, ovaries (one or both), fallopian tubes (one or both) and lymph nodes removed. You and your surgeon will discuss what type of hysterectomy is best for you. Any tissue that is removed during your surgery will be tested by a pathologist. A pathologist is a doctor who examines body tissues and fluids for changes caused by disease.

Different types of hysterectomy surgery

- Lymphadenectomy** (or lymph node dissection)
Lymph nodes in your pelvic area are removed. This is done to remove lymph nodes that have cancer and other lymph nodes when there is a high chance cancer may spread there.
- Unilateral or bilateral salpingo-oophorectomy**
One or both of your ovaries and fallopian tubes are removed.
- Total abdominal hysterectomy (TAH)**
Your uterus and cervix are removed through an abdominal incision.
- Sub-total hysterectomy**
Your uterus is removed, but your cervix isn't.
- Radical hysterectomy**
Your uterus, cervix and some of your vaginal supporting tissues are removed.
- Vaginal hysterectomy**
Your uterus and cervix are removed through your vagina. If you need to have one or both ovaries and fallopian tubes removed this can also be done through your vagina.
- Total laparoscopic hysterectomy/laparoscopic assisted vaginal hysterectomy**
Your uterus, cervix, ovaries and fallopian tubes are removed using a laparoscope. A laparoscope is like a miniature telescope. It allows your surgeon to put carbon dioxide gas into your abdomen to inflate your abdominal (belly) wall away from your internal organs. This lets your surgeon see and remove your uterus, cervix, ovaries, fallopian tubes and surrounding tissues without making a large incision. There may be different ways this surgery is done based on the location and size of your tumour. Your surgeon will tell you which way is best for you.

The laparoscope is inserted through a small incision in your abdomen. Some or all of your organs may be removed through the laparoscope or your vagina. It may be necessary for the surgeon to also make an incision in your abdomen if your tumour is very large. This allows your surgeon to remove it in one piece.

If your mass or tumour is cancer

Only surgery may be needed to treat your cancer. You may also be offered radiation and/or systemic therapy treatments. Deciding what is the right choice for you can depend on:

- The cell type of your cancer
- The stage of your cancer
- Your age and overall health
- Your feelings about the treatment

Your healthcare team will give you the information and support needed to make the right choice for you.

Your healthcare team

This is a list of the healthcare team members you may see while you are in hospital.

Gynecologic Oncology Surgeon

Your surgeon will tell you what type of hysterectomy you need to have. Your surgeon will work with your healthcare team to guide your care before, during and after your surgery.

Nurse Navigator / Nurse Practitioner

Your nurse navigator and nurse practitioner will support you and help plan your care with your surgeon and healthcare team.

Nurse

Nurses will care for you before and after your surgery. They will give you the support, medications and information you need while in hospital.

Social Worker

Social workers are trained in counselling and can help you solve problems, make decisions and improve your feelings of wellbeing. A social worker can give support and information to help you and your family member with your worries or concerns. Ask a member of your healthcare team about a referral to a social worker.

Dietitian

Dietitians specialize in nutrition counselling and education. A dietitian is available to talk to you about what to eat and drink to help you recover from your surgery. Ask a member of your healthcare team about a referral to a dietitian.

Home and Community Care Coordinator

A Care Coordinator from the Central East Local Health Integration Network (CE LHIN): Home and Community Care Program will help plan your discharge from hospital and make sure you have the supports you need for your care at home.

What you can expect after your hysterectomy surgery

You may go home the same day of your surgery or you may need to stay in hospital for 2 to 4 days. This will depend on the type of hysterectomy you have. Each person recovers differently. How you recover from your surgery can depend on your age and overall health. You may have a hard time with your emotions or feelings about having a hysterectomy. This can impact how you recover from surgery. Talking to a social worker about this can be helpful. Ask a member of your healthcare team about a referral to a social worker.

A nurse will give you information about how to care for yourself when you go home. You will be given a follow up appointment to see your surgeon in 3 to 4 weeks

After you go home

Instructions for all patients

- Your surgeon will give you a prescription for pain medication.
- You will slowly be able to return to your regular diet. This may take up to 3 weeks. Drink 6 to 8 cups (1 cup = 250ml) of water every day. Eat foods that include bran, whole grains, fruits and vegetables to help prevent constipation.
- Your surgeon may talk to you about hormone therapy.
- You may need to go home with a urinary catheter. Your surgeon will talk to you about this if needed.

The nurse will check the box for the instructions you need to follow based on the surgery you are having.

If you had an abdominal hysterectomy

- If you have staples, you will need to see your family doctor or go to a walk-in clinic to have them removed in 7 to 10 days. Take the staple remover given to you at the hospital to this appointment.
- If you have stitches, they will dissolve on their own. It is normal for this to take up to 6 weeks. The Steri-strips covering your stitches may fall off on their own. If they do not fall off after 10 days, remove them when you have a shower.
- You need to take time off work for about 4 to 6 weeks after your surgery.
- Everyone heals differently. You will slowly be able to do more activities as you feel better.
 - No bathing in bathtub for 2 weeks. You can have a shower.
 - No lifting more than 15 lbs (6.8 kg) for 3 weeks.
 - No driving for 3 weeks.
 - No strenuous exercise (for example: vacuuming, lawn mowing, golfing, swimming, weight lifting) for 3 to 6 weeks.
 - No sex or anything in your vagina for 6 weeks.

If you had a laparoscopic hysterectomy

- You have stitches that will dissolve on their own. It is normal for this to take up to 6 weeks. The Steri-strips covering your stitches may fall off on their own. If they do not fall off after 10 days, remove them when you have a shower.
- You need to take time off work for about 2 to 4 weeks after your surgery.
- Everyone heals differently. You will be able to do more activities as you feel better.
 - No bathing in bathtub for 2 weeks. You can have a shower.
 - No lifting more than 15 lbs (6.8 kg) for 2 weeks.
 - No driving for 2 weeks.
 - No strenuous exercise (for example: vacuuming, lawn mowing, golfing, swimming, weight lifting) for 2 to 4 weeks.
 - No sex or anything in your vagina for 6 weeks.

For questions or concerns

Call the nurse navigator at your surgeon's office if you have any of the symptoms below. After hours or on weekends/holidays, go to a walk-in clinic or the emergency department at the hospital closest to you.

- Increasing amount of bleeding from your vagina
- Increasing amount of pain in your abdomen (belly)
- Nausea and/or vomiting
- No bowel movement or passing of gas for more than 24 hours
- A fever above 38.3° C/100.9°F at any time or above 38.0° C/100.4°F for more than an hour
- Extreme shaking and chills
- Redness or swelling of your incision
- A bad smelling discharge from your incision

You can talk to the nurse navigator by calling your surgeon's office (Monday to Friday from 8:00am to 4:00pm – except on holidays).

Dr. Francis at 905-576-8711 extension 32917

Dr. Igwe at 905-576-8711 extension 32917

Your follow up appointment

- You will be given a follow up appointment to see your surgeon in 2 to 4 weeks. If you are not given this appointment before you leave the hospital, call the receptionist at your surgeon's office within 1 week after you go home.
- At this appointment, your surgeon will talk to you about your pathology results.
- You will go to the Durham Regional Cancer Centre (DRCC) for this appointment
- Bring your DRCC ID card and your Ontario Health Card (OHIP) with you to this appointment.

Please talk to a member of your healthcare team if you have questions or don't understand any of the information in this handout.

For more information, go to the Cancer Care pages on the Lakeridge Health website at www.lakeridgehealth.on.ca. Click on Our Services > Diagnosis > Gynecologic Oncology DAP.

Last revised: June 2019