Patient information

Vaginal hysterectomy

What is a vaginal hysterectomy?
A vaginal hysterectomy involves removing the womb through the vagina, so there is no need to make a cut in the abdomen. The uterus and the cervix are removed and the ovaries and the fallopian tubes may or may not be left behind (depending on the reason for your hysterectomy). The top of the vagina is closed with dissolvable stitches so that no ‘hole’ is left behind.

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Laparoscopic assisted vaginal hysterectomy:
The surgery is commenced laparoscopically (keyhole surgery) and completed vaginally.

Why do I need a hysterectomy?
A hysterectomy may be advised for one or more of the following reasons:
- Heavy or irregular periods
- Fibroids
- Endometriosis
- Prolapse of the uterus or cervix
- Cancer / precancerous changes

At the same time as the vaginal hysterectomy you may need a pelvic floor repair to treat prolapse (see Pelvic floor repair information sheet).

What are the risks of a vaginal hysterectomy?
- **Wound infection**: This can be treated with antibiotics
- **Bleeding**: This may occur at the time of operation and will be stopped before the procedure finishes. In rare circumstances you may need to return to the operating theatre to stop continued bleeding or require a blood transfusion.
- **Pain**: There may be some general abdominal pain and some pain at the site of the incisions after the operation. However, most women experience very little pain compared to a hysterectomy done through the abdomen. Regular pain relief will be provided after the operation to minimize this.
- **Thrombosis**: Blood clots may occur in your legs or lungs. The risks are minimized with compression stockings and injections to thin your blood.

Complications specific to vaginal hysterectomy:
- **Damage to abdominal structures**: There is a 1 in 1000 risk of damage to the bowel, bladder or a major blood vessel. If any damage occurs, this will be repaired at the time of the operation.
- **Laparotomy**: In rare circumstances a cut in your abdomen is necessary to repair injuries sustained.

What are the benefits of a vaginal hysterectomy?
- Faster recovery
- No scars
- Reduced chance of infection

After the operation
You will return to the ward to recover. When you wake up you may experience pain and nausea but you will be provided with medication to limit both of these. You will also have a catheter in your bladder overnight. This can be removed once you have started mobilizing. You may have a pack inserted in the vagina after the operation, which is removed the following morning. Unless there have been unexpected complications, most women are well enough to go home 1-3 days after the operation.

Information about your discharge from hospital:
- You will be given required pain relief to take home
- A letter will be given to you before leaving the hospital that describes the procedure performed
- A copy of this letter will be sent to your GP
- Any follow up appointments will be sent to you in the post

Back at home
- Take it easy for the first few weeks to recover from the operation. It is likely to take up to 6-8 weeks for a full recovery.
- Light vaginal bleeding/discharge may continue up to 2 weeks after the operation. Do not use tampons.
- Avoid sexual intercourse for 6 weeks after the operation.
- It is usually safe to drive after 4-6 weeks but will depend on your ability to perform an emergency stop.

Contact your GP if you experience:
- Excessive pain
- Offensive vaginal discharge or bleeding
- Temperature / shivering