



MALCOLM FRAZER
GYNAECOLOGIST
UROGYNAECOLOGIST

Assoc/Prof Malcolm Frazer
MB ChB MD FRCOG FRANZCOG CU
Gynaecologist/Urogynaecologist

140 Ashmore Road, Benowa 4217
Gold Coast and Pindara Hospitals Griffith and Bond University, Gold Coast, Australia

Phone: +61 (0) 755649300
Fax: +61 (0) 755649400
Email: info@malcolmfrazer.com.au

VAGINAL HYSTERECTOMY

Definition

Removal of the uterus, including the cervix, through the vagina. Unless indicated by Dr Frazer the ovaries will be left in place. This surgery is often accompanied by reconstructive surgery to repair bladder and/or bowel prolapse.

Description of Procedure

A general anaesthetic is administered. A catheter is used to empty the bladder during the surgery. This catheter is NOT routinely left in the bladder post operatively. If repairs of the vagina are also undertaken it is more likely that a catheter will be left inside the bladder for 24 hours.

The vaginal walls are carefully separated from the bladder and rectum.

The uterus and cervix are cut free and removed. The back part of the vagina is closed with dissolving stitches. The bladder and rectum are sewn into their proper position and the vaginal skin sutured if repairs are performed

Expected outcome

Expect relief of the symptoms caused by disorder being treated. The vagina will not be significantly shortened. Sexual function should not be adversely affected and may be improved. There will be no further periods or pregnancies. Allow about 6 weeks for recovery from surgery.

Following your Surgery

Your expected hospital stay will be 1-3 days.

Pain medication will initially be administered by either injections and/or rectal suppositories. An indwelling catheter in the bladder is sometimes used, which will continuously drain urine for 24 hours. All stitches are internal and dissolvable.

Vaginal blood loss/discharge will be observed (expect a small amount of vaginal loss/spotting for up to 6 weeks post surgery). You will need sanitary pads (not tampons) for any vaginal bleeding after surgery. You will initially commence with fluids; a light diet is resumed when passing wind. A normal diet can be eaten when a normal bowel action has occurred. Deep breathing and coughing with appropriate wound support and gentle leg exercise will be encouraged – TED stockings will remain on until full mobilisation occurs.

Post Operative

To help recovery and aid your wellbeing, resume daily activities, including a gradual return to work, as soon as you are able. In most cases you may return to light work within 4 weeks. Get plenty of rest.

Avoid spas and swimming pools until vaginal loss has settled. Exercise is of benefit in the weeks following surgery. Commence activity gradually beginning with short walks close to home. You may wish to return to pelvic floor exercises as described in the exercise booklet a month after your operation. No special diet is required, just drink 1-2 litres of fluid a day and increase fibre intake to prevent constipation.



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The recovery process is characterised by ups and downs, both physically and emotionally. Some days will be good, others will not. This is very normal. Discussing these feelings with family, friends and your doctor will help.

Do not use tampons, pads are better.

Do not drive an automatic car for:	2 weeks*
Do not drive a manual car for:	2-3 weeks*
Does not make a bed for:	4 weeks
Do not hang out washing for:	4 weeks
Do not use your Vaginal Oestrogen for	4 weeks
Do not stretch upward for:	4 weeks
Do not do any lifting for:	4 weeks
Do not have sexual intercourse for:	6 weeks

- **It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.**

Possible Risks and Potential Complications

Risks increase with obesity, smoking, heart or lung disease, or diabetes.

Complications which may occur include excessive bleeding (haemorrhage) during and after surgery. Blood transfusion may be required in this case.

Postoperative infections, usually of the bladder (cystitis) can happen in 5% of cases. Thromboembolism (blood clots) of the deep veins of the leg which may spread around the body. Ileus (temporary lazy bowel) which can produce some tummy swelling and sickness. Accidental injury to surrounding organs such as the bowel, bladder or blood vessels may occur.

Notify Dr Frazer

If any of the following occurs:

- You develop signs of infection: redness, discharge, fever or increasing pain.
- Vaginal discharge increases, begins to have an unpleasant odour or becomes bright bleeding.
- Continuing burning or frequency associated with passing urine.
- Any other symptoms that may concern you, including leg pain, shortness of breath, chest pain or abdominal swelling.

You may contact Dr Frazer on 55649300 during office hours for advice.