Vaginal Hysterectomy

Vaginal hysterectomy is surgery to remove the uterus and cervix through the vagina. It takes four to six weeks to fully recover from the procedure. Follow these and any other instructions you are given to help with your recovery.

Before the procedure

- Do not eat anything after 12 midnight the night before your procedure.
- You must have transportation to and from the hospital. You will need to have someone at home with you for at least 24 hours after surgery.
- You should bring a form of identification and your insurance card to the hospital.
- All jewelry should be left at home.

Procedure

- The anesthesiologist will meet with you before your procedure to go over the plan for anesthesia. They may give you medicine to help you relax before the surgery.
- You will be asleep during the procedure, and the anesthesia provider may place a tube in your throat to help you breathe.
- You will be given antibiotics during your surgery to help prevent infection.
- Vaginal hysterectomy is done through an incision inside the vagina. In some cases, two to three small incisions are also made on your abdomen.
- If you have stitches inside your vagina, they will absorb in six weeks and do not need to be taken out. You may notice purple strands that come out as they dissolve.

Risks and complications

Although this is a safe procedure, there are risks associated with any surgery. There is a rare chance of:

- Infection.
- Bleeding.
- Damage to internal organs.
- Allergic reaction to medicines.
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After the procedure

• After the procedure is finished, you will spend a few hours in the recovery area. You may feel drowsy or nauseated from the anesthesia. Your throat may be sore and you may be hoarse if a breathing tube is used during surgery.

• Patients generally recover very quickly and are able to go home the following day. You may have cramps and bleeding for 24 hours after the procedure. This is normal. Use pads instead of tampons.

• Do not place anything into your vagina for at least six weeks after the procedure, such as douches, tampons and sexual intercourse.

• Constipation can cause straining to pass stool and can damage your vaginal incisions, so be sure to eat fruits, vegetables, and whole-grain foods. Drink at least eight glasses of fluid each day and take your prescribed stool softeners.

• Full recovery may take four to six weeks. This varies from woman to woman. Increase your activities a little bit each day.

• Do not drive while you are taking any narcotic (eg. Percocet, Vicodin) or other pain medicines.

• Walk as often as you feel able. Walking prevents blood clots from forming. It also helps speed healing.

• Avoid lifting anything heavier than 10 pounds for four to six weeks.

• You should be scheduled for a post-operative visit at the Obstetrics and Gynecology Care Center (OGCC) one to two weeks after surgery.

When to call your doctor

• Heavy bleeding (more than one pad an hour for two or more hours).

• A fever above 100.4°F (38.0°C).

• Increased abdominal pain or tenderness.

• Foul-smelling vaginal discharge.

• Nausea or vomiting that continues for more than one day or that makes it impossible to eat or drink.

• Inability to move the bowels for three days.

• Loose or watery stools two or more times a day OR bloody stools.

• Trouble urinating or burning during urination.

• Severe pain or bloating in your abdomen.

• Pain or swelling in your legs.