Hysterectomy Support & Recovery

Helping empower you through every stage of your journey

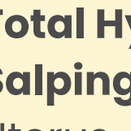
TYPES OF HYSTERECTOMY

- **Total –** Removal of Uterus (Womb) and Cervix (neck of the Womb)
- **Subtotal –** Removal of the main body of the womb, leaving the cervix intact
- **Total Hysterectomy with Bilateral Salpingectomy –** Removal of the Uterus, Cervix and both Fallopian Tubes(Salpingectomy)
- **Total Hysterectomy with Bilateral Salpingo-Oophorectomy –** Removal of the Uterus, Cervix, both Fallopian Tubes and both Ovaries (Oophorectomy)
- **Radical Hysterectomy–** Removal of the Uterus, Cervix, both Fallopian Tubes, both Ovaries, surrounding tissues and Lymph Glands. This is usually for Cancer treatment

HOW IT'S DONE

All are performed under general anaesthetic by a consultant gynaecologist.

- **Laparoscopic (keyhole) surgery –** The preferred and most common method. The surgeon uses a tiny camera and specialized instruments inserted through small incisions in the abdomen or vagina
- **Vaginal Hysterectomy –** The womb and cervix are detached and removed entirely through an incision made at the top of the vagina
- **Abdominal Hysterectomy –** The womb and cervix are removed through a cut in the lower abdomen (either horizontally along the bikini line or vertically). This method is typically used if there are very large fibroids or for specific types of cancer.
- **Robotic Hysterectomy –** A modern variation of Laparoscopic surgery where the surgeon guides robotic arms to perform the minimally invasive procedure with enhanced precision



SURGERY DAY

- You'll meet your surgical and anaesthetic team
- You'll be given compression stockings to wear prevent clots
- You'll be asked to change into your hospital gown, dressing gown and slippers before walking down to Theatre
- You may have a catheter and wound dressing afterward
- Most people stay 1–3 nights depending on surgery type

PREPARING FOR SURGERY

Before your surgery:

- Arrange help at home for the first 2 weeks
- Pack your hospital bag (plan for at least 1 overnight stay)
- Follow any pre-op instructions you have been given
- Prepare easy meals and a comfortable recovery space
- Ask your surgical team any questions
- Check HEY Endo's 'Resource' page on www.heyendo.co.uk

AFTER SURGERY

Going Home:

- You'll be discharged once you can walk, eat, pass urine on your own and manage pain
- You'll receive wound care and medication instructions
- Arrange transport home as you won't be able to drive

HELPFUL TIPS

- Use a small pillow to support your abdomen when coughing or laughing
- Wear loose clothing and cotton underwear
- Drink plenty of water and eat fibre to prevent constipation
- Keep a diary of your recovery progress
- Reach out to HEY Endo's community for advice and reassurance
- Once fully recovered, keep pelvic floor muscles strong

PHYSICAL RECOVERY

- Rest and avoid heavy lifting for 6 – 8 weeks
- Keep your wound clean and dry
- Take pain relief as prescribed
- Gentle walking helps circulation
- Avoid sex until cleared by your doctor
- Contact your GP if you notice fever, heavy bleeding, or unusual discharge

EMOTIONAL RECOVERY

It's normal to feel relief, sadness, or hormonal changes. If your ovaries were removed, you may experience menopause symptoms. HEY Endo offers peer support and wellbeing sessions to help you adjust.