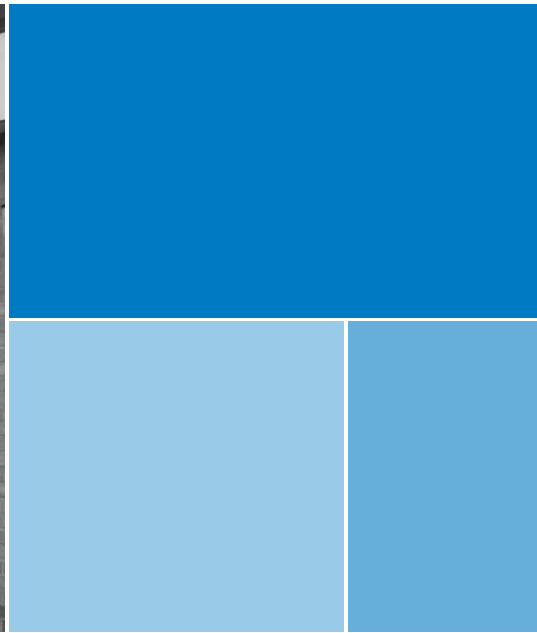


# Gynaecology Department Hysterectomy



[Patient Information](#)

## What is Enhanced Recovery?

Like many hospitals in the UK and abroad, the James Paget University Hospitals has developed a special programme for patients undergoing a major gynaecological operation. The aim of the programme is to get you up and about very quickly after your operation. Research has shown us that it is much better for you to be out of hospital as quickly as possible; you are much less likely to develop an infection in your own home, as well as getting improved rest and sleep and being surrounded by your own comforts.

There will be a team of highly skilled individuals looking after you whilst you are in hospital - surgeons, anaesthetists, physiotherapists, and nurses, all working to make sure you get the best from your operation.

## Some Information about your Operation

This booklet has been written to give you information about the operation which your doctor has discussed with you.

It also includes a 'Workbook' which you will find at the back of the booklet. You will be able to note the dates for certain appointments such as the Physiotherapy Class and your Pre-operative Assessment appointment, both of which you will have to attend before your surgery.

Please bring this booklet with you to **every hospital appointment related to your operation**. You will also need to **bring your booklet with you when you come into hospital for your operation** as this is when you will need to complete your Workbook. This will help both you and the medical team ensure that you are following the enhanced recovery programme.

## Hysterectomy – Why do I need the operation?

Most of the time a hysterectomy is performed to relieve distressing and painful symptoms such as:

**Heavy periods** that haven't been controlled by other treatments.

**Fibroids** (benign growths of the wall of the womb).

**Endometriosis** a common condition in which small pieces of the womb lining (the endometrium) are found outside the womb. This could be in the fallopian tubes, ovaries, bladder, bowel, vagina or rectum.

**Prolapse of the womb** when the lining of the womb is present outside the womb.

**Chronic Pelvic Inflammatory disease** where inflammation of the pelvis leads to chronic pain and heavy periods.

**Ovarian Cysts.** Your gynaecologist will discuss why they have recommended a hysterectomy.

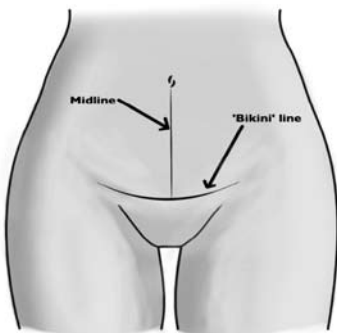
In some cases a hysterectomy is performed to treat cancer of the womb or ovaries.

Having a hysterectomy means that you will have no more periods and cannot have children. Therefore it is a major decision for younger women to take.

## What does the operation consist of?

The type of hysterectomy you have will depend on a number of factors and will be discussed with you before your operation.

There are three different types of hysterectomy:



**Abdominal Hysterectomy** – an incision is made in the abdomen, usually below the bikini line. Many blood vessels are tied off. The uterus is then cut free and removed through the incision.

**Key hole or Laparoscopically - Assisted Vaginal Hysterectomy** – the uterus is removed through the vagina assisted by the laparoscope.



**Vaginal Hysterectomy** – The cut is made inside the body at the top of the vagina, so there is no visible scar. The uterus then comes out through the vagina.

## What are the complications?

**Vaginal Bleeding** – you can expect to have some vaginal bleeding for 1 to 2 weeks after your operation which will be similar to a light period and is red or brown in colour. Some women have little or no bleeding initially but may have a sudden loss of blood or fluid 10 days later. This will usually stop quite quickly. You should use sanitary towels rather than tampons, as tampons can increase the risk of infection.

**Pain and Discomfort** – You can expect pain and discomfort in your lower abdomen for at least the first few days following your operation. You will be provided with pain relief medication before you leave the hospital for any pain you are experiencing. You may be prescribed medication containing codeine or dihydrocodeine; these can sometimes lead to constipation. If you do need to take these medications try to eat plenty of fruit and fibre and drink plenty of water. More advice on emptying your bowels after your operation can be found later in this leaflet.

**Formation of blood clots – how to reduce the risk** – There is a small risk of blood clots in the veins in your legs and pelvis (deep vein thrombosis) after any operation.

You can reduce the risk of clots by:

- being as mobile as you can as early as possible after your operation
- doing exercises when you are resting (see Physiotherapy information section)

**Damage to other organs** – There is a small risk of damage either to the bowel, the tubes leading to the bladder or the bladder itself. There is also a risk of damage to the blood vessels that lie close to the womb. Usually your gynaecologist will notice any damage and repair it during the operation. Occasionally damage may not be obvious until after the operation and you may need a further operation to treat the problem.

**Bleeding** – There can be bleeding during all types of hysterectomy and this could lead to a blood transfusion. There is a small chance of there being further bleeding after you have left the operating theatre, resulting in you having to have a further operation.

## What are the Risks?

If your ovaries are removed before the menopause there is a risk of osteoporosis. This risk can be reduced with hormone replacement therapy (HRT) or other medication.

### Menopause and HRT

**If your ovaries are removed** – you will still experience menopausal symptoms after your operation. These include hot flushes, night sweats, passing urine more frequently, a dry vagina, dry skin and hair, mood swings and occasionally a reduced sex drive. These symptoms can usually be treated with HRT and your doctor will be able to discuss this with you.

**If your ovaries are not removed** – your ovaries should continue to produce hormones that you need until you have reached the menopause. However, there is some evidence to suggest that in some women, the menopause may start two or three years earlier after a hysterectomy. If you develop any of the symptoms described above you should discuss this with your doctor.

## What happens before the operation?

### **Pre-Assessment clinic**

You will be offered an appointment nearer to the date of your operation, and it is vital that you attend as we need to make sure you are fit enough for your operation. If you do not attend for preoperative assessment, your operation will **not** go ahead. If the date we offer isn't suitable for you, you can change it.

You will also find out about 'pre-load®' drinks, these are high carbohydrate energy drinks. They are important as they help optimise energy levels throughout surgery, can reduce the effects of nausea and help the gut to return to normal function more quickly.

It is important after your operation to ensure you maintain a healthy diet to aid your body's healing process.

### **Physiotherapy**

The physiotherapy team has lots of information to share with you at the 'Ready, Steady...Go!' class. This class forms part of the enhanced recovery programme and you will need to attend. You will be booked into one of the sessions when you go onto the waiting list for your surgery.

You only need to attend once before the operation and you will have a choice of dates and times available. If you do not attend the class it will delay your surgery. Practising the exercises before you come into hospital will help you prepare for your operation. Even if you have had a course of physiotherapy for your problem you still need to attend this class.

You may need more assistance from your family and/or friends at home. If you have had an abdominal hysterectomy the scar will heal quite quickly, however if you have had a vaginal hysterectomy the scar will take longer to heal, and it is important that you and your family are aware of this. These 'do's and don'ts' which will be discussed at the class and later in this booklet are important to help your recovery and prevent problems in the future.

**Remember - Please bring this booklet with you to the class and remember to bring it with you to all your hospital appointments related to your operation.**

## Physiotherapy Exercises

**Circulation** – help keep the blood moving in your legs by pumping your feet up and down from the ankles, aim to do this each time you wake up or for 30 seconds each hour.

**Deep Breathing** – Help to keep your lungs clear by taking five deep breaths, trying to make sure that the air goes all the way to the base of your lungs then breathe normally. This exercise should be performed every hour or each time you wake up. Ideally this should be performed when you are sitting upright and well supported as shown in the diagram below.



Deep breathing can also help you to relax and relieve any nausea you may be experiencing.

**Clearing your chest** – performing the following technique will help you to clear any phlegm after your operation.

Take in a deep breath and breathe out forcefully through your mouth, making a ‘huffing’ sound as though you were misting a mirror.

Perform this 2 or 3 times after your deep breathing exercise and repeat as necessary.

It is unlikely that you will do any harm to your scar or stitches

with huffing or coughing but you may feel more comfortable to support the site of your operation when you huff or cough. Using a pillow or rolled up towel pressed firmly against your abdomen as shown or, if your operation was performed vaginally then firmly place your hand over your sanitary pad.



## Tips to help you get moving

### **Rolling in bed**

If you are lying on your back it is best to bend your knees and support your tummy with your hand. Roll onto your side moving your shoulders at the same time as your hips and knees. Roll in one movement as above to roll onto your back. This will avoid any straining and twisting.

### **Getting out of bed**

Roll onto your side first as described above. Firstly lower your feet over the edge of the bed and push up with your arms. This will help you to sit on the edge of the bed without straining.

Stand up slowly, trying to stand straight and tall which will help you with your posture.

### **Getting in to bed**

With the back of your knees against the bed, use your hands to help lower yourself so you are sitting on the edge of the bed.

Using your elbow to lean on lower yourself down onto your side, at the same time lift your legs up onto the bed. Now roll onto your back supporting your tummy if you need to.



## **Standing up**

We all look and feel better when we stand tall. This may be difficult to start with but should get easier as any level of discomfort decreases. Good posture will help prevent backache.

## **Sitting**

Sitting back in your chair with a small pillow or rolled towel to support your lower back will help you to sit with a good posture. If you wish you may find it comfortable to place a footstool under your seat.

## **Going to the Toilet**

You will have a catheter in your bladder after your operation which will usually be removed on the evening of your operation. You should make sure that you sit on the toilet properly when you first try and empty your bladder on your own. Hovering over the toilet may not allow your bladder to empty properly. Try to relax and take your time.

It is important to drink plenty of fluid, six to eight glasses each day. Water is best. This will help your bladder and bowel to work well.

When you open your bowels you may find it helpful to support your stitches. If you have stitches in your tummy, support them with your hand or a folded towel. If you have stitches underneath you may wish to try holding a clean sanitary towel against them as you empty your bowels.

## **IT IS IMPORTANT NOT TO STRAIN TO EMPTY YOUR BOWEL**

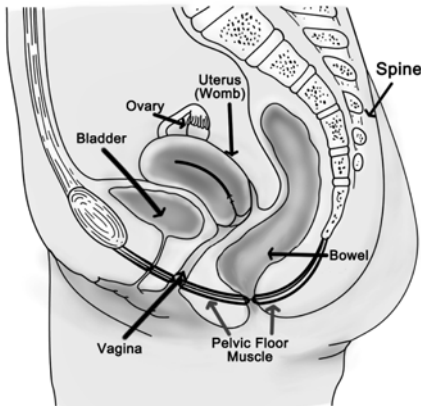
Some women experience constipation after an operation. If you sit on the toilet in the right position it will help your muscles relax which will make it easier for you to open your bowels. If you suffer from constipation it may be useful for you to see a women's health physiotherapist.

If you follow these instructions and use the position in the diagram it will help you to empty your bowels more easily.

- Sit comfortably on the toilet and relax.
- Keep your knees apart and higher than your hips (you may need a footstool).
- Lean forwards and rest your forearms on your thighs whilst keeping your back straight.
- Let your tummy relax, widen your waist and allow your abdominal muscles to bulge outwards making your waist wider.
- Keep your mouth slightly open and your jaw relaxed. Breathe out. This allows your pelvic floor to remain relaxed.
- Pull up your anal muscles as you finish emptying. This will improve the closing reflex.



## Pelvic Floor Exercises



Your pelvic floor muscles work to keep the pelvic organs in the correct position (preventing prolapse) and to control your bladder and bowel by tightly closing the urethra and back passage (preventing incontinence). They can also help improve sex.

The pelvic floor muscles need to be strong and getting these muscles working again after your operation is important to help with your recovery and prevent problems in the future. Start the exercises gently once your catheter has been removed and you have been able to pass urine on your own. If you have stitches underneath it is perfectly safe for you to do your pelvic floor exercises.

Your pelvic floor exercises can be performed in any position. To do the exercises, imagine that you are trying to stop yourself passing wind and urine at the same time. You can also think of squeezing tight in the vagina. You should feel your pelvic floor muscles 'squeeze and lift', try not to squeeze your buttocks and legs and breathe normally while you are doing these exercises. You may feel a gentle tightening in your lower abdominal muscles which is normal.

You need to practise both short squeezes and long squeezes and gradually build up your routine. As you do so your muscles will get stronger and your exercise programme will gradually increase.

### **Short Squeezes**

- Squeeze and lift your pelvic floor muscles and then relax.
- Repeat until you feel that your muscles are tired.
- Count how many times you can repeat your short squeezes.

### **Long Squeezes**

Squeeze and lift your pelvic floor muscles and hold for several seconds, and then relax for several seconds.

Count how long you can hold your muscles for.

Repeat your long squeezes until you feel that your muscles are tired and count how many times you are able to repeat the exercise.

Your pelvic floor muscle exercises should be performed **at least three times a day**. They can be performed in any position, you may find it easier to start off lying down or sitting. As your muscles improve aim to do some of your exercises standing up.

**It is very important to tighten your pelvic floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.**

## What improvement should I aim for?

You will need to gradually build on your home exercise programme. For most women the eventual aim is to be able to perform:

- 10 long squeezes of up to 10 seconds each.
- Followed by 10 short squeezes.
- Start at a level that is comfortable for you and gradually increase this over the next few weeks.

## Remembering to exercise

Make your pelvic floor exercises part of your daily routine, just like brushing your teeth, you should continue with these exercises for the rest of your life. Some tips to help you remember are:

- Use coloured reminder notes or stickers around the house or at work.
- Do your exercises when you have finished emptying your bladder. Do not practice stopping the flow of urine mid-stream as this could affect your bladder function in the longer term.
- Use any advert breaks between television programmes.

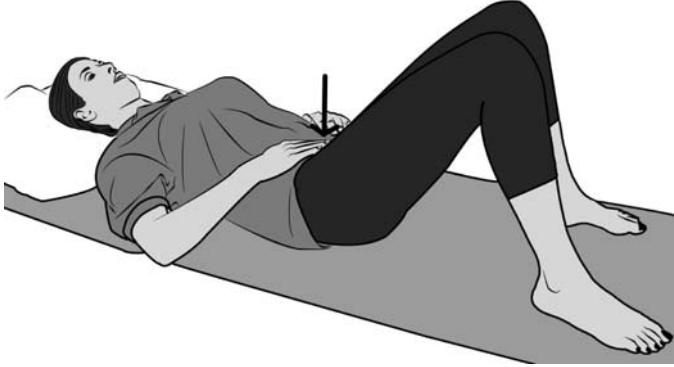
## Abdominal Exercises

It is important to exercise your abdominal muscles after any gynaecological operation. These muscles work to support your back and help with your posture. Using your abdominal muscles when performing activities such as lifting or bending will make you feel more comfortable whether you have had abdominal or vaginal surgery.

These exercises should be started within the first day or two after your operation. As with the pelvic floor exercises, start gently and gradually build them up.

## Abdominal Hollowing

This exercise involves working the deep tummy muscles, it is a basic exercise which other exercises will build on. Whilst it may seem simple, it is important to practice to ensure that you are performing the exercises correctly.



Lie on your back with your knees bent, feet flat on the bed. Make sure your back is in a comfortable position, not too arched – not too flat. Keep your breathing relaxed throughout this exercise.

- Gently breathe in to begin, and then as you breathe out gently draw the lower part of your tummy towards your spine.
- Breathe normally, taking a few normal breaths whilst keeping these muscles drawn in.
- Relax your tummy muscles.
- Repeat this a few times.

As you begin to feel more confident with this exercise, try holding for longer, up to 10 seconds and repeat up to 10 times or try doing it sitting down and, later on, standing up.

## **Pelvic Tilting**

This exercise can help to reduce backache and relieve trapped wind after your operation. It also helps to gently work your abdominal muscles.

Lie on your back with your knees bent, feet flat on the bed. Gently draw in your tummy muscles as above and tilt your pelvis to press your lower back into the bed. Hold this position for a few seconds, breathing normally, and gently relax. Repeat this a few times.

If you do suffer from trapped wind after your operation, it will also help if you can get out of bed and walk around. The bowel may be slowed down temporarily but once it begins to work normally the trapped wind will ease.

## **Single Bent Knee Fall Out**

Lie on your back with your knees bent, feet flat on the bed. Draw in your lower tummy muscles (as described in the abdominal hollowing exercise).

- Allow one knee to gently fall out to the side, keeping your hips flat on the bed.
- Keep breathing normally.
- Return your knee to the starting position and then relax.
- Repeat to the other side.
- Try to do this a few times each side.

## **Knee Rolling**

Lie on your back with your knees bent, feet flat on the bed. Draw in your lower tummy muscles as before.

- Gently let your knees roll to one side, keeping your hips flat on the bed and keep breathing normally. Your knees should only move a short distance.
- Return your knees to the starting position and then relax.
- Repeat to the other side.
- Try to do this a few times each side.

## Your Recovery

Recovery from an operation is a personal experience, and a gradual build up of your activity will assist your recovery. While you are in hospital you will be walking 60m four times a day and as you feel more comfortable you can increase the amount of walking you do each day.

We know that some women who:

- are over 60 years old
- have had a previous major gynaecological operation
- are overweight
- have weakness of their pelvic floor muscles

can be more vulnerable to problems after their operation , such as prolapse. If any of the categories mentioned above apply to you then we suggest that you take more care with your recovery. If these categories do not apply to you then you can be more flexible with the timescale of your recovery.

It is normal for you to feel much more tired and emotional after your operation as your body uses a lot of energy to heal itself. A positive outlook is an important factor in determining how your body heals and how you feel in yourself.

## Washing

It is OK to bath or shower after your operation. It is better to pat any wound dry or allow it to air dry. Wounds heal better if they are clean and dry. It is preferable not to have long soaks in the bath until after the wounds are healed.

## Going Home

The length of time that you are in hospital will depend upon the type of operation you have, yourself, and your doctor. You will need to arrange for somebody to collect you from hospital when you are ready to go home. Once at home, you will need time to rest and recover. It is important to consider that although your scar may have healed on the outside, it still needs time to heal on the inside.

You may be offered support from your family and friends. This could be practical support such as shopping, housework or preparing meals. Accept this help and if you live alone it is worth planning in advance to have someone stay with you for the first few days when you are home. If you are a carer for someone else ensure arrangements are in place as you might not be able to do all the physical tasks. It is also advisable that you inform us if you have mobility problems or disabilities that might affect your recovery.

## Rest and Exercise

When you get home you should continue with your physiotherapy exercises, remembering that your pelvic floor muscles will help you protect yourself from future problems. It is important for all women to do pelvic floor exercises, even if they have not had an operation.

Go for daily walks gradually building up the length and frequency. There may be some discomfort to start with but this should improve the more you are able to move and you should notice your energy levels returning. Consider what level of activity you were able to do prior to your operation and work towards this.

After about 3-6 weeks you may feel ready to do some light exercises for example low impact activities or swimming. Controlled stretches are also safe and if you are exercising with an instructor, inform them that you have had a major gynaecological operation. They will be able to start your exercise programme in the right way.

If you would like to go swimming make sure that your scar has healed and that any vaginal bleeding or discharge has stopped.

For higher impact activities and competitive sports you may need to wait for up to three months before you return to this level. If you have had an operation for prolapse please ask your doctor or physiotherapist for specific advice.



## Around the House

You can gradually increase your activity level during the first few weeks after your operation. However you should avoid lifting heavy objects from floor level or anything which weighs more than 2.5kg (5lb) and also avoid any prolonged standing. Break jobs up into smaller parts, this will help you to make sure that you pace yourself. Try sitting down to do some activities, such as preparing food, which you would normally do standing up.

The right time to return to light work and household activities is about 3 -6 weeks after your operation. Gradually build up to any activity that involves lifting.

When you are ready to start lifting remember to:

- Bend your knees.
- Keep your back straight.
- Use you pelvic floor and deep tummy muscles for support.

In the long term, especially if your operation is for a prolapse or if you have weak pelvic floor muscles, heavy or repetitive lifting should be avoided.

## Returning to Work

Because people recover at different rates, your return to work will depend upon you, your operation, the type of work you do and the number of hours you work.

If your work is less physically demanding, for example office based, you may be able to return to work within 3-6 weeks. However, if your job involves heavier, more physical activities where you may be lifting or standing still for long periods, for example a production line, then you may need to wait for about 3 months before you return to work.

If you have an occupational health department at your place of work they will be able to advise you on this or you may want to ask your employer to carry out a risk assessment on your work activities.

You may wish to consider a 'graduated return' to work where you initially return to work on reduced hours. If you think this will be helpful to you then you should speak to your employer.

You will also need to think about how you get to and from work (advice on driving will follow in the next section). If you use public transport then consider how your journey may affect your working day, particularly if it would involve standing for long periods.

If you have concerns or need specific advice on returning to work then ask your doctor or Women's Health Physiotherapist.

**Remember...Look after your posture. Make sure you sit in a supported position and use your pelvic floor and deep tummy muscles when standing.**

## Driving

As a guide we would recommend that you wait at least 3 weeks after your operation before you start to drive. This will vary from person to person but you should feel ready and be confident that you are in full control of your vehicle.

Each insurance company will have its own conditions for when you are insured to start driving again and you will need to check your policy. If this is not clear then you should check with the insurance company.

Before you drive you should make sure that you:

- are able to comfortably look over your shoulder and turn the steering wheel without pain.
- are able to perform an emergency stop. Practise this before you start the engine when you go out for the first time.
- are able to fully concentrate on your driving and the road around you.

When you get into the car it is advisable to:

- Stand with the back of your legs against the side of the seat
- Using the door frame or your seat for support, lower yourself onto the seat.
- Once you are sitting down, move yourself back into the seat.
- Turn to face forwards and lift one leg at a time into the car.

When you get out of the car, reverse this procedure.

## Sexual Activity

You should be guided by how ready you are and how comfortable you feel before you re-start sexual activity and this will vary from person to person.

You should wait at least 4 – 6 weeks before having intercourse, making sure that any bleeding has stopped and that your scar is well healed. If this is too soon for you then wait until you are ready.

Some women will want to wait until they have had their post operative appointment but for some women this will be too long.



# Your Enhanced Recovery Workbook

Helping you to make a quicker recovery  
after your operation

Your operation: \_\_\_\_\_

Your Consultant: \_\_\_\_\_

Contact Number: \_\_\_\_\_

'Ready, Steady, Go..'

Physiotherapy class date: \_\_\_\_\_

Pre-operative assessment  
clinic date: \_\_\_\_\_

**Please keep this workbook safe and bring it with you  
when you come into hospital for your operation.**

## What is an 'Enhanced Recovery Programme' and what does it mean to me?

The Enhanced Recovery Programme is a set of standards designed to speed up your recovery and your discharge home. This will need input from both the team taking care of you while you are in hospital and yourself.

Each day your team will go through a checklist, making sure that you are comfortable by ensuring that your pain is well controlled, you are eating and drinking, and that you are getting up and about. There will also be an opportunity every day for you to express any concerns you may have to the team.

At the back of this workbook you will find a checklist for you to follow each day to monitor how well you are doing in your recovery.

## What can I do to help me make a faster recovery?

There is lots you can do to help yourself make a faster recovery. You and your consultant have decided that it will be in your best interest to go ahead with your operation. It is important that you are involved in the journey towards your operation fully to help the recovery process. Please make sure you attend all of your clinic appointments, Physiotherapy class and Pre-op Assessment.

**Physiotherapy** – it is very important that you attend the 'Ready, Steady, Go' Physiotherapy class prior to your operation (make sure you have your date written down on the first page of your workbook). please contact Physiotherapy on **01493 452378** as soon as possible if you do not yet have a date for your class.

As well as helping your recovery, the long term success of your operation will be improved by what you learn.

Activities such as sitting out in the chair on the day of your operation, wearing your own clothes and walking short distances the day after your operation can make a big difference in your recovery time.

**Pain relief** – It is important that you ask for some pain relief if you are feeling uncomfortable. Being in pain can slow your recovery so keeping it controlled is very important. Exercise and walking about may cause discomfort, so it is a good idea to help prevent this by taking regular pain relief medication in the first 48 hours, even if you are feeling comfortable.

## How long will I stay in Hospital?

The doctor at your pre-operative assessment will discuss this with you. Please make a note below of what they say as a reminder to you later.

**My stay in hospital will be approximately \_\_\_\_\_ days.**

## Patient Checklist

On the following pages you will find a list of activities you can do to make a faster recovery. When you have achieved an activity you can tick these off each day. You can make comments beside each one if you wish. If you have any questions concerning any of the activities please ask a member of staff.

**Happy Ticking!**

# Patient Checklist

## Day 0 (day of your operation, when you return to the ward after your operation)

Well done, you have had your operation. Now lets work hard to get you home!

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have been sitting out of bed for at least 2 hours			
I have had something to eat and drink			
I have had one carton of Fresubin® to drink			
Please use this space to note any questions or concerns you have about today.			

If any of these activities have not been completed please inform the Nurse looking after you (e.g. by 3pm if your operation is in the morning).



## Day 1 (1st day after your operation)

Keep going, you are doing really well. We will soon have you home!

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have practiced my Physiotherapy Exercises today			
I have dressed in my own clothes today			
I have been sitting out in the chair today			
I have walked 60 metres four times today			
I have been eating and drinking well today			
I have had two cartons of Fresubin® to drink today			
I know when I am going home and it is today / tomorrow / next day (please circle)			
I have arranged transport to go home for the morning of my discharge YES / NO			
Please use this space to note any concerns you have about today or for any questions you may have.			

## Day 2 (2nd day after your operation)

Not long to go now. Keep going, nearly home!

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have practiced my Physiotherapy Exercises today			
I have dressed in my own clothes today			
I have been sitting out in the chair today			
I have walked 60 metres four times today			
I have been eating and drinking well today			
I have had two cartons of Fresubin® to drink today			
I know when I am going home and it is today / tomorrow / next day ( <i>please circle</i> )			
I have arranged transport to go home for the morning of my discharge YES / NO			
Please use this space to note any concerns you have about today or for any questions you may have.			

If you have any queries or concerns with any information in this booklet please speak to your Consultant or contact the appropriate team on:

Gynaecology Clinic	01493 452361
Physiotherapy	01493 452378
Pre-Operative Assessment Clinic	01493 452389
Ward 12	01493 452628

## References:

Association of Chartered Physiotherapists in Women's Health (2012) Fit for Life: Advice and exercise following major gynaecological surgery.

Royal College of Obstetricians and Gynaecologists (2010)

Recovering Well: Information for you after an abdominal hysterectomy.

Recovering Well: Information for you after a vaginal hysterectomy.



The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN.

communication for all  
If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on 01493 453240