**Patient information**

## Removal of the uterus/womb through the vagina

There are various surgical methods for removing the uterus. For you, removal of the uterus through the vagina is considered to be a suitable method.

The most common reason for removing the uterus is abnormal bleeding, which has not been treatable any other way. This can be due to hormonal disturbances or benign fibroids. Sometimes it is the actual size/weight of the uterus and fibroids that causes symptoms and necessitates an operation. Some women have to have the uterus removed due to cancer in the uterus itself, or in the ovaries.

**Before the operation**
You have been informed about the operation during the preliminary examination /"journal recording". If you are taking medication, it is important that your medication list is updated.

In order to reduce the risk of infection, it is important that you don't remove any pubic hair during the 10-14 days leading up to the operation. This will be done, if needed, when you come to the ward on the day of your operation.

**On the day of admittance** Come directly to Ward 4AC at the time you have been given.

**Operation method/anaesthetic**You will have a general anaesthetic or possibly a spinal anaesthesia/block. If you have a spinal block, the urine catheter will remain in place until the anaesthetic has worn off

After the operation, you should normally get out of bed after a few hours to reduce the risk of blood clots.
The advantages with this operation method are that there is no scarring on the stomach, and that you will usually recover quickly afterwards. You can often return home on the same day as the operation, or the day after.

Occasionally, removal of the uterus through the vagina is unsuccessful due to adhesions or bleeding. Then the uterus must be removed through an incision on the belly.

A doctor will inform you of any findings during the operation and what has been done, either on the day of the operation, or the following day.

**Complications**
There is a risk of complications during any operation, both during and after the operation. General anaesthetic and other forms of anaesthesia also involve a slight risk.

* Complications associated with spinal anaesthesia are rare, but a temporary headache can occur.
* Bleeding and infection can arise. Injury to intestines and the bladder can happen, but only extremely rarely.
* Blood clots can occur even though we give you blood thinning medication.

**After returning home**
You should continue taking pain relief medication regularly for the first few days, even if you don't have a lot of pain. You can reduce the dose and take it as needed after a few days, when the pain lessens. Vaginal bleeding for the first 1-4 weeks is normal.

You can maintain normal activity at home, but you should not lift heavy items, do heavy work, or vigorous sports for the first 2-4 weeks. Intercourse, bathing, and use of tampons should be delayed for 4-6 weeks. You will receive a sick note for about 2 weeks, depending on what type of work you do.

Contact us if you have a fever, heavy bleeding, or increasing pain. The same applies to swollen legs, or increasing shortness of breath.

Gynaecological Ward 4AC tel.no. **51 51 87 77.**

**Welcome to the Women's Clinic**

Stavanger University Hospital

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[Siter kilden din her.]

Kvinneklinikken SUS, December 2020
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