播道醫院 Evangel Hospital

Information on Total Abdominal Hysterectomy with /without Bilateral Salpingo-oophorectomy

Introduction

Indications for the operation are pelvic or abdominal mass, heavy menstrual flow, risk of cancer

The Operation / Procedure

1. General anaesthesia.
2. Peritoneal cavity entered via abdomen and vagina.
3. Uterus removed (ovaries and tubes may be removed at this stage).
4. Vaginal and abdominal wounds closed.
5. Other associated procedures which may become necessary during the operation:
   a. Blood transfusion
   b. Removal of tubes and ovaries (prophylactic or when affected)
6. All tissues removed will be sent for pathology exam or disposed of as appropriate unless otherwise specified.
7. Photographic and / or video images may be recorded during the operation for education / research / documentation purpose, please inform the staff if you have any objection.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication and intravenous line, and antibiotic prophylaxis may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation.

B. Wound care

Keep dressing intact.

C. Diet

Resume diet usually 4 hours after anaesthesia when taking sips of water well.

Common Risks and Complications

A. Anesthesia related complications

1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock

B. Procedure related complications (not all possible complications are listed)

1. Bleeding, may need blood transfusion (1.5%)
2. Wound complications including infection (around 3%) and hernia
3. Injury to neighbouring organs including the bladder and / or ureters (around 1%), and bowel (around 0.5%)
4. Pelvic infection (0.2%).
5. Deep vein thrombosis
6. 2 in every 100 women will experience at least one of the above complications
7. Vault prolapse in the future

Risk of Not Having the Procedure

Progression and deterioration of disease condition; or exact diagnosis cannot be ascertained.

Alternative Treatment

1. Observation
2. Non-surgical treatment e.g. Medical treatment, mirena.
3. Other Surgery : Myomectomy (for uterine fibroid) ; Endometrial ablation (for DUB ; Vaginal / laparoscopic approach; Uterine fibroid embolization.

Things to take note on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find the followings: increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. No menstruation, unable to get pregnant.
5. Coitus is not affected but avoid intercourse until examination by doctor at follow up.
6. Should not affect hormonal status if ovaries are not removed. Ovarian failure may occur 2-4 years earlier than natural menopause.
7. If ovaries not removed – life time risk of ovarian cancer without hysterectomy is 1.4-2.0%, reduced by 1/2 to 2/3 with hysterectomy; 5% chance of future operation for ovarian pathology
8. If ovaries removed – may need hormonal therapy; risk of hormonal therapy includes increased risk of breast cancer, deep vein thrombosis, and gall stone.
9. Climacteric symptoms may occur if ovaries are removed in a pre-menopausal woman.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "*Total Abdominal Hysterectomy with / without Bilateral Salpingectomy / Salpingo-oophorectomy" (2021)*

Smart patient:

https://www.ekg.org.hk/pilic/public/O&G_PILIC/O&G_TotalAbdominalHysterectomy+-BilateralSalpingectomySalpingoOophorectomy%20_0317_eng.pdf (20/07/23)