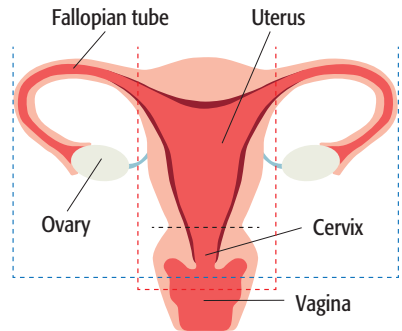
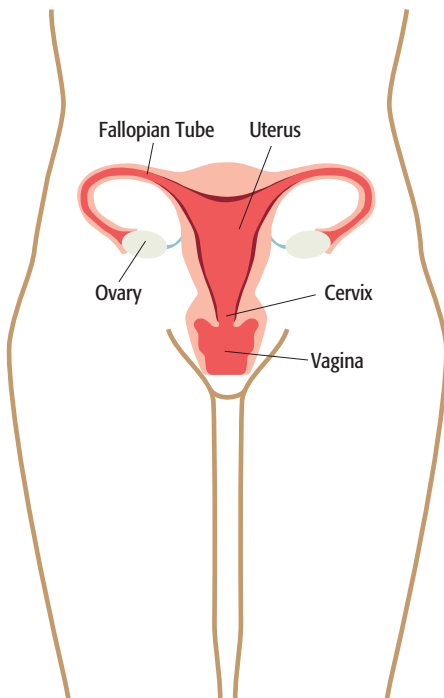


Hysterectomy

Legnám



- Hysterectomy when the ovaries are left intact
- Hysterectomy when the uterus and ovaries are removed
- Hysterectomy when the cervix is left intact

In the procedure the uterus and the cervix are removed. The procedure is either performed as a vaginal hysterectomy, with abdominal surgery, with laparoscopy or in a robot-assisted surgery. At each time the surgeon decides the approach.

Anticoagulants

If anticoagulant treatment needs to be changed or stopped before the procedure, it is done in consultation with the surgeon.

Nutrition

It is good to prepare physically for the procedure by eating nutritious food, take multivitamins and drink nutrition drinks that are high in energy.

Use of tobacco

Smoking, e-cigarettes with nicotine, and the usage of snuff or other smokeless tobacco affect the recovery after procedure, can delay the healing of wounds and increase the risk of complications. Therefore, it is important to quit the use of tobacco 6-8 weeks before the procedure and to be free from tobacco for at least two weeks after the procedure. Those who use tobacco are encouraged to quit and can call for assistance at Local Health Care Clinics or at www.heilsuvera.is (online messenger service, phone consultation and educational material).

Situation at home

If assistance is needed at home after the hospital discharge, it is good to give it a thought before arrival at the hospital. Nurses at the Department 21A can assist with booking at the Hospital Hotel. It is also possible to receive assistance from a sociologist regarding social rights and services.

Preparation

Nurse anesthetist calls few days before the procedure to review your state of health considering anesthesia and to give you the opportunity for questioning. If further examination or information is needed, you will be called in for an inscription interview at the hospital before the procedure. It is recommended to have at hand the list of medicines taken on daily basis, because during the telephone call you will have information on which medicines can be taken before the procedure. Some medicines are undesirable to take before an anesthesia. Previously, if problem has occurred following anesthesia, e.g. heavy pain, nausea or vomiting, it is important to address that.

Telephone inscription

During the telephone inscription you will be asked about:

- Former experience of anesthesia
- Allergy or intolerance for medicines
- Height and weight
- Alcohol consumption and smoking
- Dentures and dental bridges
- State of health and diseases
- Use of medicines, including natural medicines and food supplements

Inscription interview

In case of any known risk factors concerning anesthesia or procedure, you will be called in for an inscription interview. It needs to be considered that the inscription itself might take up to 2-3 hours. You are welcome to bring a significant other with you. An arrival fee needs to be paid for the inscription service.

- A list of medicines is reviewed and therefore it is necessary to bring with all medicines taken on daily basis or a medication card.
- You will be asked about your state of health, a physical examination will be performed and an education will be given on the preparation for the procedure.
- Blood samples will be taken and other examination, if needed.
- A urinary sample needs to be delivered up on arrival.

Medication and allergies

It is very important to notify about if you have any allergies for medication or other. The anesthetist decides which medicines can be taken in the morning on the day of the procedure.

The night before the operation

After dinner, the night before the operation, you need to empty the bowels by using a laxative (Klyx). The medicine is available in every pharmacy without any prescription. It is important to carefully read the instructions that come along with the medicine.

Fasting

Before the procedure, fasting is necessary to diminish complications related to the anesthesia. Fasting for too long is not recommended and generally, you might feel better after the procedure if the instructions below are followed:

- Having an extra snack or drinking liquid before going to sleep the night before the procedure.
- It is not allowed to eat six hours before arriving at the hospital.
- It is safe to drink clear liquids (1-2 glasses at a time) until two hours before arriving at the hospital. Clear liquid is e.g. water, clear fruit juice, clear energy drinks and coffee or tea without any milk.
- Upon arrival at the hospital the staff provides information on whether and for how long it is possible to drink until the procedure.
- Two hours before the arrival at the hospital, usage of tobacco is not allowed.

Before arriving at the Gynecology Department you need to:

- Use a laxative (Klyx) the night before the procedure
- Be fasting from 02:00 AM, but it is allowed to drink clear liquid until 06:00 AM
- Shower at home and cleanse the navel thoroughly
- Remove jewelries and nail polish
- Avoid the use of lotion or perfumes
- Wear clean clothes

When admitting to hospital it is good to bring along cosmetics, toothbrush, slippers, comfortable clothing or a robe and some entertainment material. You are allowed to use your cell phone but the phone should be on silent.

It is possible to borrow a tablet, free of charge. Patients, relatives and guests at Landspítali hospital can have access to a wireless network for their own laptops, tablets or phones, free of charge.

Day of procedure

Arrival time is at 7:15 AM, at the Gynecological Department 21A on 1st floor at Landspítali hospital, Hringbraut. A member of staff will call in those who have arrived, from the waiting room. It is very important to bring along all medicines taken on daily basis. You are not allowed to take your medicines without any consultation with a doctor or a nurse. Unexpected situation can cause the scheduled time of the procedure to change.

The procedure is either done in anesthesia and/or in local anesthesia and can take up to 2-3 hours but that depends on the nature and scale of the procedure. If epidural blockage is a part of the anesthetic procedure, it is put up before the anesthesia itself.

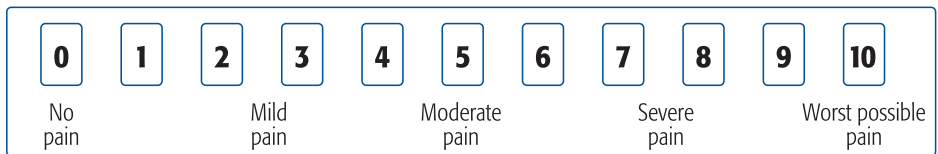
After the procedure

After the procedure, the patient is 2-3 hours recovery and from there arrive back to the Gynecology Department 21A. Visits are not allowed in the recovery room.

Some complications may occur after the procedure. The most common complications are bleeding and infections in the surgical area. More rare complications are injury in the urinary tract, injury in the gastrointestinal tract, nerve injury or embolism.

Pain

Some abdominal pain can be expected when the influence of the local anesthesia disappears. Pain relievers are given in a tablet form on fixed hours and as needed. When estimating the pain a pain scale is used where 0 means no pain and 10 means the worst possible pain. A nurse needs to be notified if the pain worsens so it can be treated right away. The goal is to control the pain and to be able to move comfortably.



Nutrition

Directly after the procedure a fluid is given into the vein, and on the same day you are allowed to drink liquid. The likelihood of complications diminishes if you eat and drink well after the procedure.

Urinary catheter

During the procedure a catheter is put in place which is removed quickly after the arrival at the Gynecology Department. At first after the procedure, the urination is monitored, and an ultra-sound is used to measure how well the bladder empties.

Movement

Moving around after the procedure is very important, it accelerates recovery and improves the operation of heart and lungs. It also diminishes the likelihood of complications and increases the activity of the stomach and intestines. It is recommended to move around as much as possible, walk or sit on a chair for at least two hours during the day of procedure and for 6-8 hours the day after.

Surgical wounds and bleeding

The surgical wound and bleeding from it are monitored. Bandages are changed as needed. Directly after the procedure, some vaginal bleeding can be expected.

- a. If the procedure is performed with abdominal or robotic surgery staples are used to close the surgical wound, which need to be removed.
- b. If the procedure is performed with laparoscopic surgery dissolvable stitches are most often used.
- c. If the procedure is performed with vaginal surgery solely internal stitches are used.

Hospital discharge

The hospital discharge is scheduled 1-2 days after the procedure, but that depends on the surgical method used and the patient's general feeling following the procedure. The doctor informs about the procedure. Before going home, the nurse provides an information on the hospital discharge.

Education on hospital discharge

Pain and pain relievers

It is common to feel some pain afterwards. For the first seven days after the procedure, it is recommended to take pain relievers regularly (according to instructions). If gastritis has been experienced before or even a gastric ulcer, the doctor or a nurse need to be notified and in that case it should be avoided to take anti-inflammatory medicine such as ibuprofen or Vostar.

Medicines taken regularly:

Medicine:

Dosage:

How often should the medicine be taken:

Medicine:

Dosage:

How often should the medicine be taken:

Added pain relievers:

Medicine:

Dosage:

How often should the medicine be taken:

Surgical wound

- During the hysterectomy procedure the surgical wound is either closed with stitches that dissolve in 2-6 weeks or with metal staples which are removed 7-10 days after the procedure, at the Local Health Care Clinic. Further information is given upon the hospital discharge.
- The first few weeks after the procedure, it is normal to feel some abdominal pain or some pain around the surgical wound.
- Showering is allowed 24 hours after the procedure but bathing and swimming are not allowed until six weeks after the procedure.

Bleeding and sexual intercourse

Vaginal bleeding might last for 2-3 weeks after the procedure. While bleeding remains, it is preferable to use feminine pads instead of tampons or menstrual cup. It is important to avoid sexual intercourse for 10 weeks after the procedure.

Urination

Emptying the bladder after the procedure can be quite difficult. Often, it is a temporary situation that passes in several days or weeks. It is recommended to go regularly to the toilet, every 3-4 hours and to spend quite some time to empty the bladder. It is not recommended to push in order to empty the bladder.

Hormone therapy after the procedure

If the ovaries are removed, you might need a hormone therapy after the procedure, and it will be discussed during the education on hospital discharge before you go home.

Pelvic floor exercises

It is important to start doing pelvic floor exercises 10-14 days after the procedure to strengthen the pelvic floor. Nurse or physiotherapist deliver educational material on pelvic floor exercises.

Stools

Constipation is quite common after the procedure. Constipation can be prevented by moving around regularly, eating high-fiber foods, fruits, and vegetables, and drinking enough of water during the day. It can also help to drink a glass of prune juice in the morning, eat whole wheat bread and dried fruits. Sometimes it becomes necessary to take stool softener e.g. Magnesia medic.

Work and movement

Recommended rest from work is 2-4 weeks and it depends on the reason for the procedure and the method used. The decision is also dependent on age, physical and mental well-being, and type of work. It should be avoided to lift heavy objects (over 10 kgs) for the first 3-4 weeks or to do physically heavy exercises such as cardio, running, bicycling and difficult household projects. Daily movements and walks are good options.

It is not recommended to drive if morphine related medicines are taken for pain.

Sleeping

First weeks after the procedure, some fatigue and lack of endurance can be expected. Seven-to-eight-hour nighttime sleep and good resting during the day (as needed) is recommended. Good nutrition, movement, relaxation and treatment for pain can diminish the fatigue.

Follow up

Not all cases require a follow-up appointment, it will be estimated in each case individually.

If any of the following symptoms arise in the first four weeks after the procedure, please contact the Emergency Gynecology Ward:

- Body temperature is higher than 38°C.
- Abnormal and heavy bleeding.
- Foul smelling discharge from the vagina.
- Severe abdominal pain and recommended even after taking pain relievers.
- Burning feeling, pain in the pubic bone, and frequent urination.
- Lymph, redness, swelling and heat in the surgical wound.
- Nausea and vomiting.

**If the matter is urgent or cannot wait until next day, please contact Landspítali's Main Desk, tel.: 543 1000 and ask for the Emergency Gynecology Ward at the Women's Hospital.
In case of emergency please call 112.**

Contact information

- The reception at the Gynecology Outpatient Ward (21AM) is open on business days between 08:00 and 16:00, tel.: 543 3224.
- Landspítali's Main Desk (Emergency Gynecology Ward at the Women's Hospital), tel.: 543 1000.

For the first four weeks following the procedure, the Outpatient and Emergency Gynecology Ward at Landspítali Hospital can be contacted directly for any problems or questions that arise. After the first two weeks after examination, please contact your Local Health Care Clinic.