Royal Devon
University Healthcare
NHS Foundation Trust

# Advice about Hysterectomy Gender Confirming Surgery

## Introduction

If you are considering the possibility of having a hysterectomy as part of your gender confirmation there are some points that you should think about carefully. Most patients make a rapid recovery after their operation and do not experience serious problems or complications. The long term satisfaction rates after hysterectomy operations are high and most patients are pleased with the results of their surgery once they have completed their recovery period. A hysterectomy is, however, a major operation and you should know about minor difficulties which are associated with the surgery and also about more serious problems which are rare. The section 'Potential Complications or Possible Risks' describes these and we particularly ask you to read this.

## What is a hysterectomy?

This procedure will remove the womb usually together with the cervix. The ovaries and tubes may or may not be removed at the same time depending on your choice. If the ovaries are removed this will remove the opportunity for biological children in the future. Testosterone therapy will continue in either eventuality. We may also perform other procedures at the same time to remove endometriosis or free organs from scar tissue or disease. A hysterectomy is a major surgical procedure which is not undertaken lightly.

## What other reasons are there to have a hysterectomy

### Common reasons include:

- Heavy or painful periods which have not resolved with medical treatment.
- Fibroids (extra lumps of muscle which grow in the wall of the uterus often causing heavy painful periods).
- Persistent, recurrent or old infection (pelvic inflammatory disease).
- Persistent endometriosis - which can also cause pain or heavy periods.
- Severe problems with pain from other causes or pre-menstrual tension which has not responded to other forms of treatment.
- Cancer or potentially cancerous conditions of the uterus or cervix.

You should have a clear understanding of your reason for this surgery. A number of other conservative interventions may be appropriate for your particular condition and will normally have been considered prior to your surgery.

## What effect will it have?

- It will permanently stop your periods and make it impossible for you to conceive or bear children.

- If the cervix is removed (as occurs in most cases, unless you request otherwise) it will no longer be necessary for you to have to continue cervical smear tests. The exception to this is if the operation was performed because of cancer of the cervix or if you have a history of recent abnormal cells on the cervix.
- It may reduce or abolish pre-menstrual tension (PMT) particularly if the operation is combined with the removal of your ovaries.

### It is not expected:

- to result in an adverse effect on your sex life;
- to relieve pain not coming from the womb;
- to stop ovulation pains or cyclical symptoms such as PMS unless the ovaries are removed.

## Are there different types of Hysterectomy?

There are different types of hysterectomy but each should be performed by the most appropriate route for the patient in the least debilitating way and allowing the speediest recovery of function. The different types are:

### 1. Total laparoscopic hysterectomy

This procedure involves disconnecting the uterus and other structures as needed by operating laparoscopically only through keyhole incisions in the abdomen. The entire uterus is released from its attachments using micro surgical instruments and all tissues are removed by passing out through the vagina. The abdominal incisions are 5-10mm across and made in the umbilicus (belly button) with 2 or three other incisions on your abdomen. There is no operating through the vagina. This procedure is possible for patients who have not had children and who do not have prolapse. This the preferred method for patients undergoing gender confirmation surgery unless the uterus is very enlarged. Patients will often go home on the same day as surgery (Day case).

### 2. Total abdominal hysterectomy (TAH)

This technique requires a 10-20cm abdominal incision to remove the uterus and ovaries if needed. It can be done for any sized uterus regardless of whether the patient has had children and the abdominal scar is either sideways or up and down as required for the specifics of each case. This procedure usually entails 1-2 days in hospital and 6-12 weeks off work to recover.

### 3. Laparoscopic sub-total hysterectomy

Identical to procedure (1) except where the cervix (neck of the womb) is left in place. This procedure may be associated with fewer bladder symptoms following surgery and by preserving some of the supporting structures close to the top of the vagina may partially protect against future prolapse. It is no longer thought to have advantages in enjoyment of sex and will mean cervical smear tests should continue. Some patients will need to have the cervix removed at a later date if problems develop, and small period-like bleeds can still occur.

### 4. Vaginal hysterectomy

The operation is performed entirely through the vagina without an abdominal incision with the womb drawn down through the vagina in order to disconnect the cervix and the rest of the uterus from its attaching structures. For a vaginal hysterectomy a patient must usually have had a baby which widens the vagina and relaxes the connections of the uterus to allow it to descend sufficiently. There is also the requirement for the womb to be not overly enlarged and for there not to be other conditions within the pelvis such as excessive scarring from surgery or from infection or endometriosis. It is often not possible to remove the ovaries by this route but this can be achieved with laparoscopic assistance. There is no abdominal scar and it usually requires only 0-1 day in hospital and approximately 6-8 weeks from work.

## What will happen?

You will have been referred by the gender clinic to a consultant specialising in laparoscopic surgery. If you have been suffering from any of the previously mentioned symptoms, you will have the opportunity to discuss these at your consultation. All patients will be asked to attend a pre-operative assessment clinic a few days before admission. A leaflet about this clinic will be sent to you with your appointment.

Your nurse will advise you when you need to stop eating and drinking depending on the time of your operation. You may be given two high calorie drinks. These are to be drunk during your clear fluids only period - the pre-op nurse will give you further instructions. This is part of our enhanced recovery programme which aims to optimise your health after you operation

You should stop smoking, according to Trust Policy. Should you develop an illness prior to your surgery or have further questions please contact your Consultant's secretary or **Wynard Ward** on **01392 406512**.

## The day of your operation

Have a bath or shower before you come into hospital.

You will usually be admitted to the ward on the morning of your operation. After reporting to the ward at the appointed time you will be shown to either your bed or the lounge area if a bed is not available at that time. A nurse will take your blood pressure, pulse and temperature.

The anaesthetist will see you on the ward prior to your operation, to discuss your anaesthetic and pain relief with you.

You will be asked to put on your theatre gown and anti-embolic stockings (elastic stockings to prevent thrombosis). Some people will have electronic boots to prevent thrombosis.

Very occasionally a pre-med is given, and this can be discussed with the anaesthetist beforehand.

About 15-30 minutes before your operation one of the nurses will take you to theatre. You have the option to walk or go in a wheelchair if your mobility is impaired, or if you have had a pre-med you may wish to go on a trolley.

You will be taken into the anaesthetic room, which is next to the theatre where you will meet the anaesthetist again and their assistant. You will be anaesthetised in this room and then transferred asleep into the operating theatre. Someone stays with you the whole time from when you leave the ward until you return.

## After the operation

The anaesthetist will wake you up after the operation is completely finished. The 'waking up' procedure takes place in the operating theatre itself, but this is rarely remembered. You will be transferred to the recovery room and checked regularly by the nursing team until you are sufficiently awake and recovered to return to the ward. Patients undergoing hysterectomy for the purposes of gender confirmation will be cared for in a single occupancy room. Regular checks are performed on the ward to ensure that your pulse and blood pressure are satisfactory, and to give pain killing drugs if needed.

You may have an oxygen mask on for some hours following your operation. There is usually a fluid 'drip' connected to a plastic tube into your arm and occasionally there is also a catheter tube going into the bladder ensuring that it does not become over-full. Your fluid input and output will be recorded by the nursing staff.

You will be given a small injection in the top of your arm, this is an anti-coagulant, to help prevent deep vein thrombosis (blood clots, usually in the legs).

If you have had an abdominal hysterectomy, you may have PCA (patient controlled analgesia) or you may have two small fine tubes called rectus sheath catheters inserted into the skin in your tummy, all of which deliver pain relief. There are separate information leaflets about these, please ask for one.

A doctor will check your progress at the end of the day and if you are well you will be allowed home. Prior to discharge we will make sure you are comfortable, you are eating and drinking and able to pass urine. You will have sutures in the wound, which are usually dissolvable. In some cases a special skin glue is used in place of stitches. Recovery depends on the type of hysterectomy performed and the complexity of the surgery.

You will be allowed home within 0-3 days depending on your progress and the type of operation. Your GP will be sent details of your operation and will be alerted when you go home. You may also be given specific discharge medication or painkillers if required. You may otherwise use Paracetamol if needed and ibuprofen (unless there is a reason why you have been told not to).

## When can I return to normal?

There are no absolute rules. It is normal for people to feel tired and for the tummy to be quite sore for 3-4 weeks after a hysterectomy. The tiredness is believed to be partly due to a general loss of fitness due to inactivity while in hospital and partly due to after effects of the anaesthetic drugs. This can last several weeks. The soreness is due to bruising internally in the area where the womb used to be. In the case of abdominal hysterectomy there will be bruising in the abdominal wound as well. A small amount of bleeding or brownish discharge from the vagina is not unusual and may occasionally persist for a few weeks. It is best to avoid penetrative sexual intercourse for 10 weeks and until the discharge has settled.

In the absence of any complications and depending on which type of hysterectomy has been performed, a patient may feel well enough to return to normal activities anything from 3-12 weeks after the operation. It can, however, take longer. It is best to build up slowly with gentle exercise once the initial discomfort of the operation and worn off with the aim of restoring general physical fitness which has been lost. Driving may also be resumed once you are sufficiently comfortable and able to perform and emergency stop. With laparoscopic surgery this is generally within 2 weeks. It may be helpful to consult your insurance company for advice in this area. You will receive a follow up appointment usually for 8 weeks following your operation but if you have concerns prior to this please ask your GP to contact your Consultant's team. Alternatively, please phone **Wynard Ward** on **01392 406512**.

## Possible risks and complications of your procedure

All operations carry some degree of risk. Serious complications involving a risk to your life are rare if you are otherwise reasonably healthy and not excessively overweight.

### Rare major problems

- **Anaesthetic problems.** General anaesthetic complications are unusual but more common if you have other serious medical problems or are excessively overweight.
- **Haemorrhage (bleeding).** Unexpected bleeding may occur especially when the operation has been complex. This may require transfusion of blood or extra fluid and occasionally bleeding can occur some hours after the surgery necessitating a second procedure.
- **Damage to the bladder, ureter (connection between kidneys and bladder) and other organs.** Some of these structures are attached to the womb and need to be released during a hysterectomy. Damage can occur if they are particularly adherent (stuck), for example due to previous surgery or Caesarean delivery. If this damage is identified at the time of the operation it can usually be repaired successfully with no long-term effects on your health. Very occasionally urine can leak through a connection that develops between the bladder and the vagina and a further repair operation is required. Urinary tract injury may be more common after a laparoscopic hysterectomy.
- **Thrombosis and pulmonary embolism** (clots in the blood that may affect the legs and the lungs). This can be a very dangerous complication. You will be given protection with anti-coagulant injections before and after your operation to reduce this risk. You will also wear stockings or boots to help with your circulation. You are encouraged to wear the stockings until you are fully mobile.
- **Death.** Death is very rare after hysterectomy unless you have co-existing medication problems or poor fitness for major surgery.

- **Long-term complications.** These may be difficult to evaluate. There is evidence of increased risk of prolapse after hysterectomy and statistically this risk appears to be highest following vaginal hysterectomy. Bladder irritability is a common after-effect following hysterectomy and usually settles within a few weeks. It may, however, continue for longer. There are also risks or internal scarring (adhesions) after every form of hysterectomy. This is thought to be lowest following keyhole techniques.
- **Premature menopause.** Even if the ovaries are preserved at the time of hysterectomy, it is possible that the menopause will occur approximately 1-2 years earlier.
- **Vaginal Vault Dehiscence.** After an hysterectomy, the vagina is repaired with stitches that need time to dissolve and allow strong healing. This process may take many weeks, especially after Total Laparoscopic Hysterectomy, where we ask you to delay penetrative sexual intercourse for up to 10 weeks, depending on the advice given at your follow up appointment. Penetrative vaginal intercourse begun too early may result in damage to the top of the vagina resulting in pain, or bleeding, or the need for further surgery.

## Minor complications

Certain complications are not uncommon during the first few weeks. Your GP would treat these sometimes in consultation with your Consultant Team.

- **Wound infection.** If there is an abdominal incision this occasionally becomes increasingly swollen, red and painful, indicating infection. Sometimes the wound may produce a discharge. You should see your GP or practice nurse if this occurs. Very occasionally it is necessary to perform a small operation to release an abscess (collection of infection) if it forms within the wound.
- **Internal infection.** If the site where the womb used to be becomes infected, there may be an increasingly smelly discharge and increased bleeding from the vagina. Your GP will prescribe antibiotics to treat this.
- **Bladder infection.** If there is discomfort or a desire to pass water excessively, please take a fresh sample of urine to your GP.
- **Chest infection.** This is more likely to be a complication if you continue to smoke.
- **Prevention** - antibiotics are given during your anaesthetic to try and reduce the chance of these infections.

## Where can I get further information?

**www.obgyn.net**
**www.endometriosis.org**
**www.nice.org.uk**
**www.rcog.org.uk**

**If you have any questions, please contact:**

- Wynard Ward.....**01392 406512**
- Pre-assessment nurses.....**01392 406530/1**



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