



Answering your questions regarding  
hysterectomy surgery  
and recovery



THE WILLIAM W. BACKUS HOSPITAL



Now that your surgery is over,  
it is natural to have many questions and feelings  
including nervousness, fear, anger,  
frustrations or depression.

The Dr. Frederick S. Eadie Birthing Center  
has compiled this booklet to address your  
questions and concerns.

Please share this with your loved ones,  
friends or health care team to  
help you cope as you recover.

## What is a hysterectomy?

A hysterectomy is surgery that removes your uterus. The uterus, which is about the size of your closed hand, is one of the organs of the female reproductive system. The lower part of the uterus is called the cervix. Below the cervix is the vagina or birth canal. On each side of the uterus you have an ovary, where eggs are made, and a fallopian tube, which carries eggs to the uterus.

Fibroids (benign tumors) and endometriosis are two of the reasons that your uterus may need to be removed.

When a hysterectomy is done through an abdominal incision, it is called an abdominal hysterectomy. If it is done through the vagina, it is called a vaginal hysterectomy. Although it is not always necessary, your ovaries and tubes may also be removed during a hysterectomy. If your ovaries and tubes are taken out, this part of surgery is called bilateral salpingo-oophorectomy.

You and your physician will talk about your particular situation and decide what needs to be done.

## Physical changes after your surgery

After a hysterectomy, your periods will stop. You can no longer become pregnant. If the ovaries are left in place, though, they still produce hormones, if you are pre-menopausal. A woman who still has her ovaries will not have the symptoms that often occur with menopause, such as hot flashes. The ovaries still produce eggs, until the normal time of menopause, but because the eggs are not fertilized, they dissolve in the abdomen.

If the ovaries are also removed with the uterus before menopause, there are hormone-related effects. You may have symptoms such as hot

flashes, vaginal dryness, decreased energy or mood changes. It is as though the body goes through menopause all at once, rather than over a few years as occurs without surgery. Symptoms can usually be treated with the hormone estrogen.

A concern you may have after a hysterectomy is about changes in your physical appearance. There are no physical changes after a hysterectomy, except you will have a scar from your incision. Some women think they will gain weight and grow body hair. These are old wives' tales. You will not grow more body hair, and weight gain will happen only if you eat too much and do not exercise enough.

## Emotional changes after your surgery

Many women have a brief emotional reaction to the loss of the uterus. This response depends on a number of factors: how well they were prepared for the surgery, its timing, the reason for having it, and whether the problem is cured. Women who are affected by early loss of their ability to have children may feel depressed. If you experience these feelings, discuss them with your physician.

## Sexuality

Some women may notice a change in their sexual response after a hysterectomy. Because the uterus has been removed, uterine contractions that may have been felt during orgasm will no longer occur, though clitoral orgasm still occurs. Some women have a heightened response, however. In part, this is because they no longer have to worry about getting pregnant and may be relieved of discomfort.

If the ovaries have not been removed, the outer genitals and the vagina are not affected. In this



case a woman's sexual activity is usually not impaired. If the ovaries are removed with the uterus, vaginal dryness may be a problem during sex. Use of estrogen can help relieve dryness. If the procedure required making the vagina shorter, deep thrusting during sex may be painful. Being on top during sex or bringing your legs closer together may help.

Your surgery should not affect your ability to have sex or the way you or your partner feel while having sex. Ask your physician when you may resume sexual activity.

Having sex once or twice a week may help improve lubrication, keep vaginal muscles toned and preserve the size and shape of the vagina. But even frequent sex cannot overcome the long-term effects of estrogen loss. For this reason, taking estrogen is often recommended to help prevent the vaginal dryness and thinning that makes sex uncomfortable.

## Hormone replacement therapy

The results happen very quickly—most women notice improvement within a few weeks. Taking estrogen may restore thin vaginal and bladder tissues, thus lowering your risk for infection.

Depending on the type of surgery, your physician may recommend hormone replacement therapy.

The risks and benefits of hormone replacement therapy should be discussed with your physician when considering replacement therapy following surgery.

Hormone replacement therapy can be given by pills or patches. It can also be given as vaginal tablets, cream for vaginal dryness or a silastic vaginal ring containing estrogen. But these forms usually do not relieve other symptoms.

With or without hormone replacement therapy, there are things you can do to remain healthy. Eating a balanced diet (rich in calcium and low in fat), getting exercise, and avoiding alcohol and tobacco can reduce the rate of bone loss and protect against heart disease. The earlier you begin this healthy lifestyle, the more effective it will be in the long run.



## What is osteoporosis?

Depending on the type of hysterectomy you have had, your risk for osteoporosis may increase.

Osteoporosis means “porous bone.” Normally, the inside of bone looks something like a sponge. With osteoporosis, it is as if the holes in the sponge become larger and more numerous. So the bones become weaker and weaker – and much more likely to break.

It is hard to grow new bone after it is lost, so prevention is important. To prevent osteoporosis, focus on building and keeping as much bone as you can. This can be done by exercising and eating enough calcium during your reproductive years. After menopause, your physician may suggest hormone replacement therapy to protect against bone loss.

**How much  
daily calcium do  
you need?**

**Ages 25 -50**

- \* Before menopause 1,000 - 1,200 mg
- \* Surgical or premature natural menopause 1,500 mg

**Over 50**

- \* Not taking estrogen 1,500 mg
- \* Taking estrogen 1,200 mg

**To maintain your health, you should continue to have a yearly physical exam, pap smear, and mammogram.**



## Home Care After Your Surgery

### **Limit your activities for 4 to 6 weeks.**

- \* No lifting of more than 5-10 lbs.
- \* No vacuuming
- \* No strenuous activities or exercises
- \* No carrying heavy objects including laundry baskets
- \* No driving for 2 weeks (you may ride in a car for a short trip)
- \* Walk up and down steps one step at a time
- \* Regular walks are encouraged
- \* Showers are OK (pat incision dry)

### **Put nothing in your vagina until you see your physician.**

- \* No douche [plural?]
- \* No intercourse (sex)
- \* No tampons

### **You may do light housework.**

- \* Wash dishes
- \* Help with cooking
- \* Light cleaning such as dusting

**Call your physician if you have any of the following problems:**

- \* Redness, pus, swelling, or more than usual tenderness from the incision
- \* Temperature of 100.5° F or higher
- \* Heavy vaginal bleeding, saturating two to three pads in one hour
- \* Foul-smelling vaginal drainage
- \* Disturbing emotional reactions such as severe mood swings or depression

**It is important to keep your appointment with your physician in 4 to 6 weeks.**

### **Resources**

Women's Health Talk – Ross Labs  
Connecticut Breast and Cervical Cancer  
Early Detection Program  
Wyeth Labs  
ACOG Patient Education  
Pfizer Central Research  
Stay Well – Krames

### **Web sites that you might find helpful for further information:**

[www.backushospital.org](http://www.backushospital.org)

[www.acog.org](http://www.acog.org)

(The American College of Obstetricians and Gynecologists)

[www.ynhh.org](http://www.ynhh.org) (Yale New Haven Hospital)

[www.pfizerwomenshealth.com](http://www.pfizerwomenshealth.com)

[www.cancer.org](http://www.cancer.org) (American Cancer Society)

[www.nof.org](http://www.nof.org) (National Osteoporosis Foundation)



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