



Education

Vaginal Hysterectomy for a Fallen Uterus

What is a vaginal hysterectomy?

A vaginal hysterectomy is surgical procedure for removing the uterus through the vagina. The uterus is the muscular organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus.

When is it used?

Sometimes the uterus loses support of the ligaments and falls down through the vagina. Ligaments are fibrous tissues that help support organs and hold them in place. The uterus may fall far enough to produce a lot of discomfort and may cause other problems. This problem is called uterine prolapse, or fallen uterus. If your vaginal walls are also dropping or sagging, your doctor may repair them during the hysterectomy.

Examples of alternatives are:

- using a pessary, which is a plastic or rubber device placed in the vagina to push the uterus up into a better position
- having a uterine suspension, which involves shortening and tying the ligaments of the uterus to other ligaments and muscles in the pelvis
- having your uterus removed through a cut in your abdomen (abdominal hysterectomy)
- choosing not to have treatment.

You should ask your health care provider about these choices.

How do I prepare for this procedure?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Find someone to drive you home after the surgery. Allow for time to rest. Try to find other people to help you with your day-to-day duties.

Be sure to tell your health care provider what medicines you are taking, including nonprescription drugs and herbal remedies.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will be given a regional or general anesthetic. A regional anesthetic numbs the lower part of your body while you remain awake. It should keep you from feeling pain during the operation. A general anesthetic relaxes your muscles and causes a deep sleep. It will prevent you from feeling pain during the procedure.

You will have an IV in your arm to give you fluids and medicines.

The doctor cuts through the vaginal wall to reach the ligaments and blood vessels that surround and support the uterus. The doctor detaches the ligaments and blood vessels from the uterus and ties the blood vessels so they will heal and not bleed. The doctor then cuts the uterus off at the top of the vagina and removes it through the vagina.

The doctor attaches the uterine ligaments to the vagina to hold the vagina in place. If ligaments around the vagina have stretched from aging or childbearing, the doctor may repair the walls of your vagina by sewing the ligaments together. (These ligaments are near the bladder and rectum.) The vagina is then attached to the repaired ligaments and the top of the vagina is sewn closed.

What happens after the procedure?

You may stay in the hospital for 2 to 5 days. If the walls of your vagina were repaired, you may stay in the hospital longer while the bladder heals and starts working again. You may go home with a catheter, which is a tube used to drain urine from the bladder until the bladder starts working well again. Your provider will check how well your bladder is working at a follow-up visit.

After you go home, get plenty of rest. Do not do any heavy lifting or otherwise strain the stomach muscles for 4 to 6 weeks. Follow your health care provider's instructions for activity, dealing with pain, and preventing constipation. Ask your provider what other steps you should take and when you should come back for a checkup.

If you were having menstrual periods before the surgery, you will no longer have them after the operation. You also cannot become pregnant. If you have concerns about this, discuss them with your health care provider before the surgery.

What are the benefits of this procedure?

You will no longer have the discomfort of a fallen uterus. You will probably have less pain after this operation than if your uterus were removed through a cut in your abdomen. Recovery is usually faster from a vaginal hysterectomy than from an abdominal procedure. The vaginal procedure does not leave a visible scar.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- A regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. However, regional anesthesia is considered safer than general anesthesia.
- If your blood vessels leak or are injured, your health care provider may open your stitches to stop the bleeding.
- Your bladder or rectum might be injured and need repair.
- The tubes leading from your kidneys to your bladder (ureters) could be injured and need surgical repair.
- If your doctor has trouble removing your uterus through the vagina, it may be removed through an abdominal cut instead.
- You may develop an infection or bleeding.
- You may have nausea and vomiting.
- You may develop a hernia in the top of the vagina.
- You may develop a blood clot in your legs, pelvis, or lungs.

Your health care provider may give you some medicines to help with these problems. You should ask your provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
 - You cannot urinate or you have pain or a burning feeling when you urinate.
 - You have pain in your abdomen or your abdomen becomes swollen.
 - You become dizzy or faint.
 - You have nausea and vomiting.
 - You become short of breath or have chest pain.
 - You develop a rash.
 - You have heavy bleeding from the vagina.
 - You have swelling, redness, or pain in your leg.
-

Call your provider during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

Women's Health Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Developed by McKesson Provider Technologies. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

