VAGINAL HYSTERECTOMY

What is a vaginal hysterectomy?
Hysterectomy is a surgery to remove the uterus and cervix. “Vaginal” is the surgical technique that will be used. This means the surgery will be done through an incision in your vagina. This procedure will remove the uterus and cervix. If indicated by your physician, the ovaries and fallopian tubes may also be removed. These procedures are called oophorectomy and salpingectomy, respectively, and will be performed at the same time as your hysterectomy. After a hysterectomy, you will no longer have periods or be able to become pregnant.

Why am I having this surgery?
There are multiple reasons why your provider may suggest a hysterectomy:
- Heavy periods
- Endometriosis
- Uterine fibroids
- Cancer

You may also need to have a salpingectomy or oophorectomy if you are high risk for ovarian cancer, have certain types of breast cancer, or have ovarian masses or cysts.

What happens during this surgery?
Before the procedure, you will be given general anesthesia to sleep. The surgeon will remove your uterus, cervix, ovaries, and/or fallopian tubes through your vagina.

What are the risks?
This procedure has a small risk of:
- Bleeding during surgery, which may require a blood transfusion
- Infection of the bladder or surgical site
- Damage to surrounding organs (bladder, bowel, and ureters)
- Possible need for further surgery

What should I do to prepare for the procedure?
- Do not eat or drink anything after midnight the night before your surgery.
- You will be under anesthesia for the procedure so you will need someone to drive you to and from your appointment.
- Be sure to arrive two hours before your estimated surgery start time.
- Ask your provider any questions you may have before the procedure, especially instructions on stopping or continuing to take any existing medications.
• Follow the instructions from our office to schedule your pre and post op appointments.

**What should I expect during recovery?**

It is normal to have vaginal bleeding and discharge for 1 to 2 weeks after surgery. The discharge and bleeding should gradually decrease.

For 6 weeks after surgery, you need to avoid strenuous exercise, lifting heavy objects, and sexual activity.

**Call your provider if you experience:**

- Fever greater than 100.4 degrees Fahrenheit
- Severe nausea / vomiting or abdominal pain
- Heavy bleeding (more than 2 pads soaked per hour)
- Redness, swelling, or discharge from your incisions

**Office number:** (404) 778-3401, Monday – Friday 8:00AM – 5:00PM

- For emergencies after hours, calling this number will connect you to the operator, who will page the OBGYN physician on call.
- **If your pain becomes severe, or your fever rises above 102°F in the 3 days following the procedure you should go to the emergency room.**

Additional instructions:

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