

WHAT CAN I EXPECT DURING MY RECOVERY?

- You will need to arrange for someone to stay with you after your surgery to help you around the house. Most people feel good enough after 2-3 days to care for themselves.
- You can eat your normal diet. However, start with small things like clear liquids or soft foods immediately after your surgery as general anesthesia can make some women quite nauseated.
- Although most abdominal and pelvic pain will have resolved 4-6 weeks after your surgery, some women have pain for up to three (3) months after their hysterectomy. It will get better every day.
- You will be given prescriptions for pain medication. Take any over-the-counter pain medications as prescribed to stay ahead of your pain. Add any narcotic pain medications as needed for severe pain.
- Do not drive if taking narcotic pain medications.
- Heating packs, ice packs, and regular movement may be helpful for gas pains.
- If your hysterectomy requires skin incisions, they will be closed with sutures and glue. The glue will peel off 2-3 weeks after your surgery. Until then, use only your hands and a gentle soap to clean your abdomen. All sutures will dissolve on their own.

ABOUT DR. SHEHATA

Led by Dr. Hannah Shehata, MHA provides top-tier medical care for women. Our office specializes in gynecologic care for women ages 35-70 years old. Our goal is to help women be the best version of themselves inside and out.

We recognize that female sexual health concerns are often brushed aside, especially as women get older. Therefore, MHA specializes in treating women who are in menopause and/or going through the changes of menopause. Our office offers innovative treatments for urinary leakage, loss of sexual desire, decreased sexual sensitivity, and painful sex. We also offer hormone replacement therapy.



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MHA
MURRIETA HEALTH
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HYSTERECTOMY SURGERY



Emphasizing Female Sexual Health

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WHAT IS A HYSTERECTOMY?

A hysterectomy is a surgical procedure that removes the cervix, uterus, and fallopian tubes. This is often called a “partial hysterectomy” in layman’s terms.

Depending on your particular situation and your lifetime risk of ovarian cancer, your provider may recommend removing one or both of your ovaries during the surgery. This is often called a “full hysterectomy” in layman’s terms.

There are three different ways to perform a hysterectomy: vaginally laparoscopically, and abdominally.

WHY IS A HYSTERECTOMY PERFORMED?

A hysterectomy can be suggested as a treatment option for:

- Pain relief- A hysterectomy can help relieve pain caused by certain conditions such as endometriosis, fibroids, and scarring from prior surgeries.
- Heavy bleeding- Women who fail attempts to treat heavy or prolonged menstrual bleeding with birth control qualify for a hysterectomy.
- Uterine prolapse- A hysterectomy is used in combination with a bladder lift to treat pelvic organ prolapse.
- BRCA 1/2 and Lynch gene carriers- Women with certain high-risk genetic mutations qualify for a hysterectomy to prevent uterine cancer in the future.

HOW IS A HYSTERECTOMY PERFORMED?

There are three different ways to perform a hysterectomy:

- Vaginal Hysterectomy: All incisions are made inside the vagina and the uterus is removed through the vaginal cavity.
- Laparoscopic Hysterectomy: Three small incisions are made on abdomen. There is a fourth incision inside the vagina. Your belly is inflated with gas and a special camera is placed inside the umbilical incision to look at your pelvic organs on a television monitor. The surgeon then inserts long, slender instruments through the other abdominal incisions to perform the surgery. The uterus is removed through the vaginal cavity.
- Abdominal Hysterectomy: A 6-8 inch “cesarean section” incision is made across the lower abdomen at the level of the bikini line and an additional incision in the vaginal cavity. The uterus is removed through the abdominal incision.

The method your surgeon uses to perform your hysterectomy depends upon a number of factors. These include:

- The size of your uterus
- Why your uterus needs to be removed
- The types of surgeries you have had in the past
- What your physician discovers during the testing and physical exam

HOW DO I PREPARE FOR SURGERY?

- Arrange for someone to drive you to and from the hospital.
- Have someone stay with you for the first few days after the surgery.
- Do not eat anything after midnight the day of your surgery.
- Make sure your surgeon has a list of your prescription medications. She will let you know if it is okay to take them on the morning of the surgery.
- Complete all bloodwork ordered by your surgeon 5-7 days prior to your surgery date.
- Obtain your medical clearance (if needed) within 30 days of your surgery date.

WILL THERE BE PHYSICAL LIMITATIONS AFTER SURGERY?

- Ride only as a passenger in a car until you are off all narcotic pain medications.
- Avoid any activities that increase your heart rate for the first two (2) weeks.
- Do not exercise beyond short walks for the first two (2) weeks.
- Do not pick anything up off the floor and do not lift more than 10 pounds (a gallon of milk) for the first two (2) weeks.
- Do not put anything into the vagina for six (6) weeks after your surgery. This includes:
 - No sex
 - No tampons
 - No douching
 - No jacuzzies, pools or bathtubs