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ABDOMINAL HYSTERECTOMY

What is a total abdominal hysterectomy?

It is the removal of the uterus and cervix through an abdominal incision (either an up and down or bikini cut). Removal of the ovaries and tubes depends on the patient and your doctor will discuss this with you.

What can I expect during the surgery?

In the operating room, you will be given general anesthesia. After you are asleep and before the surgery starts: A tube to help you breathe will be placed in your throat.

A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery. The catheter will stay in until the next day.

What happens after the surgery?

You will be taken to the recovery room and monitored for a short time before going to your hospital room.

Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better you may return to a regular diet.

You may have mild pain, cramping, or feel bloated.

You may have a scratchy or sore throat from the tube used for your anesthesia.

You will:

- Receive medications for pain and nausea as needed.
- Still have the tube in your bladder. The tube will be left in until the next morning.
- Have the compression stockings on your legs to improve circulation.
- Restart your routine home medications.

- Receive a small plastic device at your bedside to help expand your lungs after surgery.
- Be encouraged to start walking as soon as possible after the surgery to help healing and recovery.
- Remain in the hospital for 2 days.

What are possible risks from this surgery?

Although there can be problems that result from surgery, Dr. Praderio works very hard to make sure it is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them. These are outlined below and on your surgical consent.

Possible risks during surgery include:

Bleeding: If there is excessive bleeding, you will be given a blood transfusion.
Damage to the bladder, ureters (the tubes that drain the kidneys into the bladder), **and to the bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, or to the bowel they will be repaired while you are in surgery.

At Home After Surgery:

If you are asked to use a bowel prep before surgery, it is common not to have a bowel movement for several days after going home.

Your doctor will ask you to take your pain medication on a scheduled basis at least for the first week. This pain medication may cause constipation so a daily over the counter stool softener is suggested.

You will be asked not to drive for at least the first week while on pain medication.

No lifting greater than 10 lbs. for six weeks.

No intercourse or anything in the vagina for six weeks.

Call your doctor right away if you:

Develop a fever over 101.

Start bleeding vaginally and are soaking through an overnight sized maxi pad in less than 30 minutes to one hour.

Have severe pain in your abdomen or pelvis that the prescribed pain medication is not helping if taken on a scheduled basis as recommended.

Caring for your incision:

Your incision will be closed with staples. Some patients may notice some clear pink oozing from incision site. Place a gauze pad or maxi pad on the site and hold pressure with an abdominal binder or a tight pair of underwear. As long as it is not a large amount bright red blood or purulent and foul smelling it can be normal.

You will return to your doctor's office at a later date to have the staples removed. That appointment will be made before you leave the hospital.

