

# Supporting you after an emergency hysterectomy in pregnancy

Maternity

Information for Patients

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## Introduction

This leaflet will tell you about your hysterectomy. It will tell you how we can help you recover. It is not only your body that is recovering but your emotions as well. People take a different amount of time to recover. Getting the right support when you are ready will help you get better.

We are very sorry that you needed this unplanned surgery while under our care. We know that this experience can be distressing. This leaflet will give you clear and simple information about what happened. It will tell you what to expect and where you can find support.

## What happened?

At the hospital your medical team should have told you why you needed the emergency hysterectomy. We know it can be hard to remember everything when you are tired, unwell, shocked, or focused on caring for your baby. You may have suffered a pregnancy loss. If you want to talk about it again or have questions, please email:

**[obstetricsecretaries@uhl-tr.nhs.uk](mailto:obstetricsecretaries@uhl-tr.nhs.uk)**

We will arrange a time for you to talk to us.

## What is a hysterectomy?

The female reproductive system is made up of 5 organs:

1. **Ovaries:** These make eggs and hormones like oestrogen and progesterone.
2. **Fallopian tubes:** These tubes carry eggs from the ovaries to the womb.
3. **Uterus (womb):** This organ supports a pregnancy. It sheds its lining during your period.

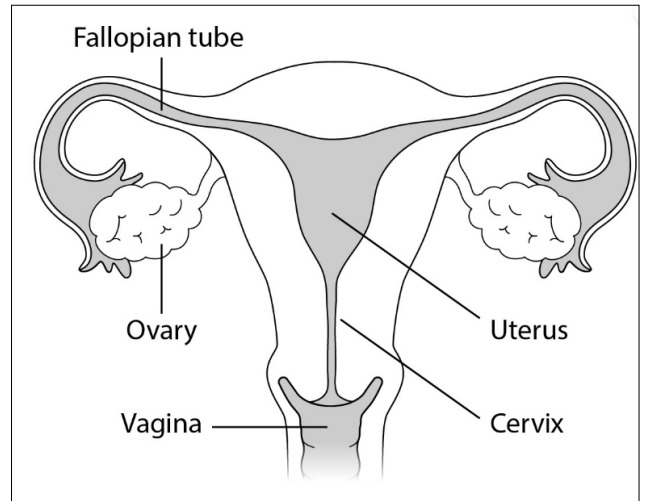
**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

4. **Cervix:** This is the lower part of the womb that connects to the vagina. It supports menstrual flow and childbirth.
5. **Vagina:** This is a passage that protects against infections. It lets menstrual flow out and lets sexual intercourse happen.

In a hysterectomy we remove the womb. After childbirth, we remove the fallopian tubes to lower the risk cancer in the future. We will also remove the ovaries if there are complications.

You will not be able to have periods or carry a baby after a hysterectomy. Your body will still make hormones that help with female characteristics and other important functions like bone strength.



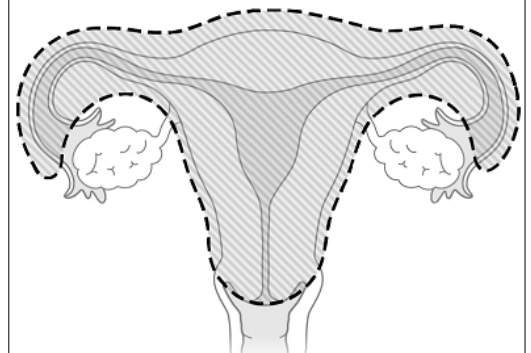
### There are 3 types of hysterectomy:

#### 1. Total hysterectomy with bilateral salpingectomy

- We remove the womb, cervix, and both fallopian tubes. The ovaries stay in place.
- We might have to remove one ovary. This will depend on any complications.
- You will not have periods or need cervical screening.
- Your body will still make hormones.

#### Total hysterectomy and bilateral salpingectomy

Removal of the womb, cervix and both tubes, keeping both ovaries inside your body.

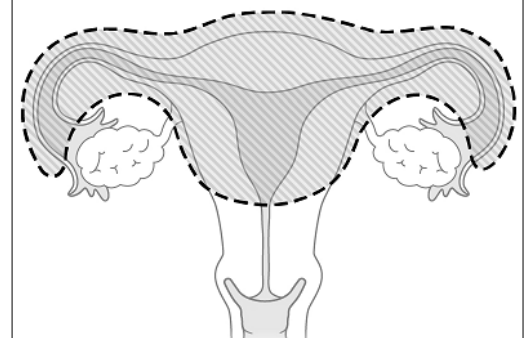


#### 2. Subtotal hysterectomy with bilateral salpingectomy

- We remove the womb and fallopian tubes. The cervix and ovaries stay in place.
- We might have to remove one ovary. This will depend on any complications.
- Your cervix stays in place to stop bleeding or complications.
- Your body will still make hormones
- You will not have periods.
- **Your cervix is still inside. You will need to attend your regular cervical screening appointments for smear tests.**

#### Subtotal hysterectomy and bilateral salpingectomy

Removal of the womb and both tubes, keeping the cervix and both ovaries inside the body.

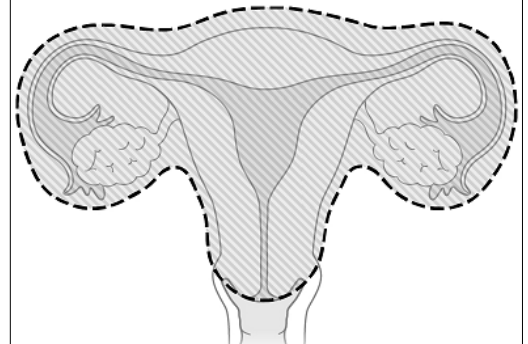


### 3. Total hysterectomy with bilateral salpingo-oophorectomy

- We remove the womb, cervix, fallopian tubes, and both ovaries.
- You will not have periods anymore or need cervical screening.
- Your body will not make hormones. This means you may go into menopause early. We recommend Hormone Replacement Therapy (HRT) to delay the menopause. You only need to take the female hormone called oestrogen. You will not need to take the female hormone called progesterone.
- HRT will be prescribed by your GP. You will need to wait 6 to 12 weeks after your hysterectomy before you can start HRT. This is because you will have a greater risk of getting blood clots.

#### Total hysterectomy and bilateral salpingo-oophorectomy

Removal of the womb, cervix, both tubes and both ovaries.



Your vagina is fully preserved in all the hysterectomy options. It will not be shortened by the surgery. This means that the functions of the vagina will not be affected. This includes immune protection and sexual intercourse.

Option 1 and 2 are the most common procedures. Your medical team will explain to you which type of emergency hysterectomy you have had. They will also tell you why they chose this option.

### Why did I have an emergency hysterectomy?

Emergency hysterectomies are rare in the UK. They are only done when we need to save your life. Sometimes it can be a planned procedure. This is often at the same time as a caesarean birth. We will always ask for your consent to do a caesarean birth. We will also talk about maybe needing to do an emergency hysterectomy. An emergency hysterectomy after giving birth is only done as a last choice. This means that every other option has not worked. We do hysterectomy in your best interest. This is to stop you from becoming more unwell and to keep you alive.

Some reasons for doing a hysterectomy are:

- Heavy bleeding that does not stop (postpartum haemorrhage).
- Problems with the placenta causing abnormal attachment to the uterus. This also causes heavy bleeding.
- The womb not contracting after birth, causing heavy bleeding (uterine atony).
- The womb tearing during labour (uterine rupture).
- A bad infection in the womb (puerperal sepsis).

## Recovering from surgery

### The wound

- Your cut may be:
  - along your bikini line
  - from your pubic bone to/or above your belly button
- Sometimes your medical team will need to use both types. They will talk to you about why the cuts were made.
- The stitches will dissolve on their own. It will heal within 6 to 8 weeks.
- You may get staples. We will remove these 10 to 14 days after surgery. We will tell you when you need to come in to get them removed. It may take 1 or 2 visits to do this.

### If your wound becomes:

- red
- swollen
- smelly
- leaks fluid

Please contact our Maternity Assessment Unit for advice.

### Bleeding

It is normal to have vaginal bleeding for around 1 to 2 weeks after your surgery. This bleeding is like a light period. It will be either red or brown in colour. Some people may have little or no bleeding at first. They will then get a sudden release of old blood or fluid around the 10th day after surgery. This often stops quickly.

- Use sanitary pads during this time.
- Do not use tampons as it will increase the risk of infection.
- If you have any worries then contact the Maternity Assessment Unit for advice.

### Pain

- It is normal to feel pain and discomfort in your tummy for the first few days after your surgery.
- We will give you stronger painkillers (like Dihydrocodeine) for the first week. You can take this with over-the-counter pain relief medication like Paracetamol or Ibuprofen.
- Please know that painkillers can cause constipation and more discomfort. Please take laxatives with them.
- If your pain is too much after you go home, contact the Maternity Assessment Unit.

## **Preventing blood clots in legs and pelvis (Deep Vein Thrombosis)**

There is a small risk of blood clots forming in your legs and pelvis after surgery. We may discharge you home with 1 week of blood-thinning injections. You will have to take them 1 or 2 times a day. This will depend on your weight. You should wear compression stockings for the first week or until you are more active.

### **To lower the risk of blood clots, you should:**

- Keep moving and go for walks.
- Do regular exercises while you rest. For example pointing your toes down and bending the foot up, rotating your ankles.
- Do not spend long amounts of time with your legs crossed.

## **Washing and showering**

Unless we have given you different instructions, you can remove your dressings 1 day (24 hours) after your surgery. This is when you want to have a shower or bath. It is okay if the scar gets wet. Make sure to pat your scar dry with a clean disposable tissue or let it air dry. Keeping scars clean and dry helps healing and helps reduce infections.

## **Rest and exercise**

It is normal for you to feel tired after surgery. You have to rest but do light exercise like getting up and walking regularly in the first few days after your surgery. Build up activity slowly based on how you feel.

While you recover:

- do not lift heavy objects. Do not lift anything more than 3 kilograms.
- do not do very physical housework (like vacuuming) until 3 to 4 weeks after your surgery.
- do not stand for long amounts of time.

## **Pelvic floor exercises (Kegels)**

Pelvic floor exercises help to:

- Keep your pelvic organs in the correct position.
- Control your pee or poo (urinary or bowel incontinence).
- Improve your sexual function.

To feel your pelvic floor muscles, imagine holding back gas or squeezing inside your vagina. You can start doing pelvic floor exercises as early as 1 week after the surgery.

## Sex

You should wait 4 to 6 weeks after surgery to have sex. This is to reduce infection and help healing. After this time, it is then safe to have sex if you feel comfortable. Dryness is common if your ovaries have been removed. If you have any discomfort or dryness you may want to try a vaginal lubricant. You can buy this from your local pharmacy.

## Driving

Driving is not recommended for at least 6 weeks after surgery. You will need to check with your insurance provider.

## Menopausal symptoms

If your ovaries are removed, you are likely to experience bad menopausal symptoms:

- Hot flushes and sweats.
- Musculoskeletal symptoms like joint and muscle pain.
- Mood changes: low moods, depression and crying or feeling like you want to cry.
- Low sexual desire, vaginal dryness.
- Anxiety.

Please talk with your GP on the different types of HRT you can try to reduce these symptoms.

## Asking questions and getting answers

People need time to understand things. Time helps you think and understand. You might need to ask more questions about what happened.

All patients who have had an emergency hysterectomy should be invited to a Consultant Led Postnatal Debrief Appointment to talk about what happened. You can bring your partner, family member or other support person with you to the meeting. There is a page in this leaflet for you to note down questions you may want to ask.

You might want to talk to someone sooner about your medical care. This can happen while you are still in the hospital or after you go home. If you are at home, you can call us to ask questions.

Your community midwife, GP and Health Visitor will know about your hysterectomy. This will only be basic information to explain that you have had an unplanned hysterectomy.

For a more detailed talk, you will need to speak with the hospital doctors.

Please email to arrange this: [obstetricsecretaries@uhl-tr.nhs.uk](mailto:obstetricsecretaries@uhl-tr.nhs.uk)

## Psychological support

It is normal to feel upset about losing your womb, going through hormonal changes, or dealing with the trauma of an emergency. Your baby may be very poorly or sadly may have died. You might feel sadness and anger. You may find it hard to bond with your baby. Your healing will depend on your own journey. No time is too little or too much.

## Coping with trauma

These are common signs of trauma or postnatal Post Traumatic Stress Disorder (PTSD):

- Physical: your heart may race or feeling like it is beating in your neck (palpitations), breathlessness, pain, sweating, flashbacks.
- Emotional: you may feel anxious, low in mood, angry, sad, panicked, distressed, lack sleep, lack energy, feel distracted or avoid tasks.

Early help can make a big difference. Reach out to your GP or Mental Health Services if you notice these symptoms.

- Our hospitals offer a Birth Reflections Service. Please contact your health professional. They will be able to refer you. Or you can contact them on **0787 647 6003**.
- Or email [birthreflections@uhl-tr.nhs.uk](mailto:birthreflections@uhl-tr.nhs.uk) and leave you name, date of birth, contact number and your NHS number if you know it.

## Support for family and partners

Talk openly with your partner or family about how you feel. They might also need help to understand and cope with what has happened. You may need some time to process the end of your pregnancy journey. Recovering after the surgery can take some time. It can cause issues in your health and well-being. It can affect how you feel about being a parent or not being a parent.

We also know that some of you may not have a baby at the end of your journey. You are still emotionally healing. Our Bereavement Team is here to support you through this. You may also wish to contact your GP for support.

You do not have to face this alone. Help is available through counselling services, support groups like the Birth Trauma Association or your GP / community midwife.

Your recovery is personal to you. It is okay to take the time you need. Do not hesitate to ask for help whenever you need it. We are here to support you every step of the way.

