

WHAT TO EXPECT FROM A HYSTERECTOMY OPERATION – PRIOR TO SURGERY, DAY OF SURGERY, AND RECOVERY PERIOD

This document reviews common concerns and the answers to frequently asked questions regarding a hysterectomy operation.

Definitions:

Hysterectomy: Surgical removal of the uterus and cervix. Once the uterus is removed, a person can no longer bear a child themselves.

Bilateral Salpingo-oophorectomy: Surgical removal of the fallopian tubes and ovaries. Removal of the ovaries is optional at the time of hysterectomy for gender affirmation. A patient should think about whether they want to potentially contribute genetic material to future children as they make the decision whether to have their ovaries removed. A patient can retain their ovaries and still be on testosterone therapy.

Dr. Bell performs the majority of hysterectomies laparoscopically (meaning through small 1-2 centimeter incisions on the lower abdomen, usually 4-5 incisions total). The length of a hysterectomy operation depends upon many factors, but in general lasts between 2 and 5 hours. With any laparoscopic surgery, there is always a potential for needing to convert to an open surgery with a larger incision if the hysterectomy cannot be completed with small incisions.

Regarding **day of surgical consultation with Dr. Bell**, you can expect:

- Review of your medical and surgical history, medications, and allergies
- Possibly blood work
- Depending upon patient comfort and whether a patient has had gynecologic care before (e.g. a pap smear), a pelvic exam may be recommended, though Dr. Bell knows that not all patients may be comfortable with proceeding with a pelvic exam. If you have had preventative gynecologic care before, please ask your provider to give you copies of: your most recent pap smear (this is the most important), most recent sexually transmitted infection testing, HPV vaccination record, and pelvic ultrasound. Bring these records with you to your visit with Dr. Bell.
- Depending upon your medical history, Dr. Bell may require you to visit other providers before she is able to book the surgery.

Regarding **what happens prior to the surgery (“preoperatively”)**, you can expect:

- If currently on testosterone therapy, you may continue your testosterone before and after surgery.
- You will be booked for an anesthesia visit prior to surgery so they can assess your risk for receiving general anesthesia and counsel you about preoperative recommendations and your early recovery in the hospital. You will be given a soap to shower with the day before and morning of the surgery, as well as an electrolyte-rich drink to split between the day prior to surgery and the morning of surgery.
- You may eat solid food until midnight the night before surgery.
- You may drink only clear liquids until 2 hours before surgery.

Regarding **day of surgery**, you can expect:

- You may have a friend, family member, or other loved one accompany you the day of surgery. They will be able to stay with you in the preoperative area until you go to the

operating room. They will not necessarily be able to stay overnight in the hospital with you.

- In the preoperative area, you can expect to see Dr. Bell again and the providers who will assist with the surgery (generally one resident and a medical student). You will also meet the anesthesia team who will be providing anesthesia for the surgery. You will sign consent forms for surgery and anesthesia. You will also meet the nurse who will help Dr. Bell in the operating room (called a circulating nurse). The preoperative area nurse will place an IV in your arm, draw any blood work we need, and give you some pain medications by mouth which will help with pain control immediately after surgery.
- After coming out of the operating room, you will spend at least two hours in our post-anesthesia care unit (PACU). You may spend the night in the PACU, shared room, or in a private room.

Regarding **what happens immediately after the surgery (“postoperatively”)**, you can expect:

- Following surgery, you will spend at least one night in the hospital.
- You will be provided with pain medication on demand and also have standing pain medication (which is offered to you on a regular schedule whether you ask for it or not). Generally we use oxycodone, toradol (an IV form of ibuprofen) and tylenol initially for pain control.
- You will also be given medications to improve bowel function and prevent constipation.
- You will have a catheter (a tube draining urine from the bladder to allow it to rest) after surgery. This will be removed very early in the morning (generally between 4 and 6 AM) the morning after surgery as long as you are making enough urine overnight.
- You will be on a special pathway called "Enhanced Recovery" to help with recovery after surgery. During that time, we will plan to have you eat a regular diet and walk soon after surgery. You will also use a device called an incentive spirometer to help you fill your lungs after you are under general anesthesia in order to prevent a lung infection.
- Depending upon your specific risk factors, you may be on blood thinners following surgery.
- The usual discharge time is 11:00 am the morning after surgery if you are meeting the goals for discharge (normal lab work, able to walk without feeling dizzy or lightheaded, adequate pain control with pills, able to urinate without any issues, able to eat at least a limited breakfast without nausea or vomiting). You should arrange a ride home for that time. You will not be able to transport yourself home.

Regarding **what happens longer term after the surgery**, you can expect:

- Total recovery after a laparoscopic hysterectomy is about 6 weeks. If you need to have a larger incision on your abdomen for your hysterectomy, your recovery may be closer to 8 weeks. Dr. Bell is happy to fill our FMLA (Family Medical Leave Act) paperwork if you are currently working and your employer offers paid medical leave. If you are unsure, you can ask your Human Resources department. You do not need to disclose what kind of surgery you are having to your employer.
- You will be restricted to lifting no more than 10 pounds at once for the full duration of your recovery. You will be able to walk and climb stairs, but more slowly and for shorter periods of time that you are used to because you will get tired more easily or may be limited by postoperative pain.
- You will be scheduled for two follow up visits with Dr. Bell. The first visit at 2 weeks after the surgery will be to ensure adequate healing of your abdominal incisions and ensure your initial recovery is going smoothly. Your final visit at 6 weeks after the surgery will be

to give you final clearance to return to normal activities, including work or school.

- We strongly encourage, if you are engaged in psychotherapy preoperatively, to continue it postoperatively as there are some things about having surgery which can bring back feelings of gender dysphoria. Examples include: cramping in the pelvis as you heal internally, hot flashes (if you have the ovaries removed), pink or red discharge on your underwear.
- Dr. Bell will be available to answer any questions that come up after surgery in between visits. My Chart is a service through our electronic medical records system which you can sign up for and which can allow you to email Dr. Bell between visits.

Dr. Bell looks forward to getting to know you and helping you work through this part of your transition.