

*If you have
any questions
or concerns,
please ask your
physician or
nurse.*

After a Hysterectomy: Coping With Changes

After your surgery, our goal is to aid your recovery so you can return to your normal activities. This includes maintaining satisfying sexual and intimate relations. The following information will help answer your questions about coping after a hysterectomy.

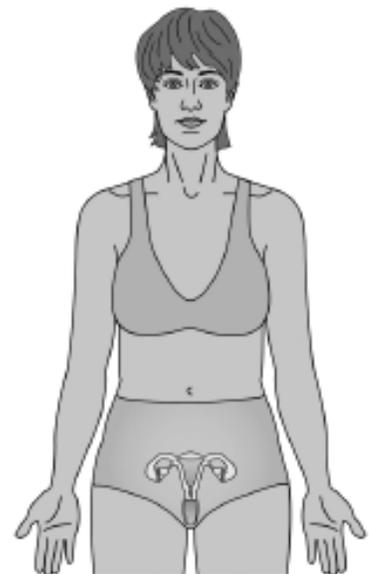
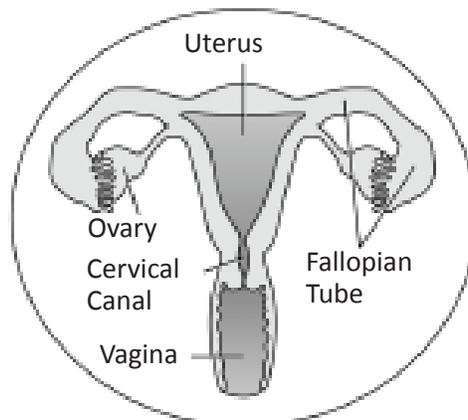
Women who have had a hysterectomy may undergo some physical and emotional changes. These vary depending on the person and the type of surgery.

To understand your surgery, it is helpful to review the female anatomy.

Anatomy

The normal female reproductive system lies in the lower abdomen. It consists of:

- 2 ovaries (produce hormones; store and release eggs)
- 2 fallopian tubes (channels that carry eggs to the uterus)
- Uterus (womb)
- Cervix (at the end of the uterus, connects to the vagina)
- Vagina (hollow tube from the outside of body to the cervix)



Hysterectomy

There are 2 types of hysterectomies.

- The uterus and cervix are removed in a **total hysterectomy**. When the cervix is removed, the vaginal canal may be somewhat shorter.
- The uterus, cervix, fallopian tubes and both ovaries are removed in a **total hysterectomy with bilateral salpingo-oophorectomy**. Because the ovaries are removed, all women who have not yet gone through menopause will go through menopause.

Commonly asked questions

How soon can I have sexual intercourse?

After surgery, you may not have intercourse for 6 weeks. This allows your body time to heal. Talk to your physician about when you can resume sexual activity. With vaginal incisions, you should wait until there is no vaginal bleeding or discharge.

In the meantime, consider kissing, touching and massaging. Experiment with your partner. The goal is to keep intimacy part of your relationship without intercourse.

Will I have pain when I resume intercourse?

The fear of pain is a common concern for women and for their partners. When sexual activity is resumed, you may still feel tired or have some incision pain. If you are feeling tired, plan an afternoon nap. If you have pain, ask your physician if pain medications will help.

There may be some pain or discomfort with intercourse. Find a position that eases discomfort: woman on top, side-lying or positioning pillows behind the knees or the small of the back.

After surgery, the vagina may be shorter. At first, this can cause discomfort. The vagina can still stretch with intercourse. Regular vaginal intercourse will help:

- Conserve vaginal length
- Lessen discomfort

The use of water-soluble lubricants (K-Y Jelly®) and moisturizers (Replens®) can improve comfort and pleasure.

Can I still have an orgasm?

An orgasm begins in the vagina. The nerves related to orgasm are not affected by surgery. If the ovaries were removed during surgery, you will have some vaginal dryness and decreased fullness of the labia (folds around the vagina). Water-soluble lubricants and foreplay can help.

What can I do about other related side effects?

If the ovaries were removed, women who have not yet gone through menopause may have:

- Mood swings
- Hot flashes
- Sleeping problems

Consider an exercise routine and relaxation techniques. Avoid caffeine before bedtime.

Identify what triggers your hot flashes. Then take steps to avoid these triggers. Dress in layers and remove clothing as needed. Talk to your physician about hormone replacement.

What can I do to increase sexuality and intimacy after surgery?

You and your partner can take certain steps to regain satisfying intimate relations.

- Schedule a “date.” This is something both partners can look forward to and plan.
- Set a romantic mood with candles, a bubble bath, slow music or a romantic movie.
- Talk with your physician about medicine that will help increase your libido (sex drive).
- Communicate with your partner. Ask each other questions like: What touch is most pleasing? Do you like it when I do this? How does this feel? Practice touching each other to find what your partner enjoys most.

Be sure to talk with your partner about any concerns you have about feelings, such as self-image or stress. Open communication is a good way to reduce fear and anxiety. If unwanted feelings persist, talk with your physician. Steps can be taken that can help with fatigue, depression or anxiety.

If you have any questions or concerns, please call your physician or nurse.