



Your

Hysterectomy Guide

www.hysterectomystore.com

Bluebird Sisters HysterectomyStore

Your Hysterectomy Guide is written by women you trust: the founder of the largest hysterectomy patient website in collaboration with GYN doctors and surgical nurses, published by Bluebird Sisters Hysterectomy Store, which has provided trusted products and information for hysterectomy patients around the globe since 1998.

Your Hysterectomy Guide booklet does not intend to take the place of your relationship with your personal physician. Please consult your doctor/surgeon to answer your specific hysterectomy questions.

How to use this guide:

This guide is written to help answer all your burning questions about your upcoming hysterectomy. Inside, you'll find general advice from how to prepare for surgery from the moment you schedule it, through the day of surgery, and on to recovery. As you read, look for the Bluebird Tips scattered throughout. These are our best tips, shared by women who have walked this path before you. You may also notice that this is an interactive guide. Anytime you see blue text, you can click it to take you directly to the recommended products and resources that will aid you through surgery and recovery. Just remember, this should never replace the advice of your doctor. We hope this helps you feel prepared and reassured as you begin your journey.

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Welcome to Your Hysterectomy Guide

Here you will find information, answers, tools, and tips to help you prepare and recover from hysterectomy surgery. This is written for you by women who have provided hysterectomy patient information and help since 1998.



A personal note to you:

In 1998 I was scheduled for a hysterectomy based on a few pesky fibroids and a scary family history of breast and ovarian cancers. The internet was so young that Google had yet to be born. As I recovered from my surgery, I found a women's health message board on a brand new technology that involved a computer and a telephone line. "Dialing-in" with weird electronic noises, I would compare my surgery recovery with other women recovering from hysterectomy. We chatted and encouraged one another as we became friends. I learned I was not alone in my questions.

And because I felt I had received so much from these women, I wanted to pass on this shared hysterectomy recovery experience with even more women.

From that little idea came the launch and amazing growth of what was to become the largest women's website centered around hysterectomy prep and recovery, GYN diagnoses, menopause, GYN cancers, and all things GYN health.

The past twenty plus years have taught me many things about the ever-changing technologies, fascinating GYN diagnoses, ever-improving surgery techniques, and ever-expanding treatment options.

And yet, in the midst of this fast-paced internet with mysterious algorithms and technologies - one thing remains: the basic needs in the hearts of women.

Women are at their best when they are sharing experiences with other women, encouragement with those who may be confused or dismayed, and best secrets and tips with those journeying a few steps behind.

I hope you will find *Your Hysterectomy Guide* uplifting and full of helpful information. I hope that you will find the answers, encouragement, and helpful tips you need here. Here's to your best possible recovery!

Be encouraged.

You are not alone.

Kathy Kelley

YOUR HYSTERECTOMY GUIDE

Before Your Hysterectomy	5	Additional Resources	25
You are not alone	5	Hysterectomy	25
Do I really need a hysterectomy?	5	Types of hysterectomy	25
Are all hysterectomies the same?	6	Laparoscopic	26
How do I prepare for surgery and recovery?	8	Abdominal	26
Stay organized	8	Vaginal	26
Prepare your home	8	Diagnoses that lead to hysterectomy	27
Prepare your life	9	Adenomyosis	27
Prepare your body	9	Adhesions	27
What will I need at the hospital?	10	Uterine Fibroids	27
The Day of Surgery	11	Hydrosalpinx	27
What can I expect when I arrive at the surgery center?	11	Hyperplasia	27
What else happens before the operation?	11	Interstitial Cystitis (IC)	27
What should I expect when I wake up?	12	Endometriosis	27
When can I return home?	12	Cancer	27
First Days After Surgery	13	Cervical cancer	27
How do I take care of my incision?	13	Endometrial cancer	27
Will I be able to move around easily after surgery?	14	Ovarian cancer	27
What else can I expect after surgery?	15	Uterine Sarcoma	27
Pain	15	Vaginal cancer	27
Constipation	15	Pelvic organ prolapse	27
Rest	16	Bladder (cystocele)	27
Vaginal bleeding	16	Rectal/posterior (rectocele)	27
Bladder spasms	16	Small Intestine (enterocele)	27
Abdominal swelling	17	Uterine prolapse	27
Insomnia	17	Vaginal vault prolapse	27
The In-between	18	Uterine Bleeding	28
Is it time to get physical?	18	Excessive Bleeding	28
Exercise	18	Post Menopausal Bleeding	28
Intimacy	19	Pelvic Pain	28
What if I still have some lingering symptoms?	19	Painful Intercourse (dyspareunia)	28
Fatigue	19	Pelvic Infection/Inflammatory Disease (PID)	28
Abdominal Discomfort	19	Undiagnosed Pelvic Pain	28
Can I take a bath now?	19	Premenstrual Dysphoric Disorder (PMDD)	28
What if I get bored?	20	Post-Ablation Tubal Sterilization Syndrome (PATSS)	28
Post-op Checkup	21	Polycystic Ovarian Syndrome/Disorder (PCOS)	28
The New Normal: Recovering from Recovery	22	Products We Recommend	29
How do I stay well going forward?	22	Commonly Used Terms and Acronyms	31
Physical Wellness	22	Signs of Menopause	31
Returning to Work	23	Our Best Tips for Hysterectomy Recovery	32
Expectations	23		
Comfort	23		
Fatigue	23		
Emotional Wellness	24		
I'm all better. What do I do next?	24		



BEFORE YOUR HYSTERECTOMY

“I recommend a hysterectomy.”

These four words can set your mind racing with questions and worries. You may be relieved to find a resolution to a painful journey, you might be in complete shock. Either way, this guide will be here to walk you through every step of the hysterectomy, from diagnosis to recovery and beyond. Here you will find time-tested tips from women who have walked this path before you. As long as you have this guide, you are not alone in this journey.



Understand your diagnosis.

Avoid the blame game.



Do I really need a hysterectomy?

There are many reasons a woman might need a hysterectomy. Fibroids, endometriosis, pelvic organ prolapse, abnormal uterine bleeding, cancer, or other unexplained pelvic pain can all lead to a hysterectomy. To learn more about these, see [“Diagnoses that Lead to Hysterectomy”](#) in the “Additional Resources” at the end of this book.

No matter the reason, and no matter how much you trust and respect your physician, it is always a good idea to get a second (and third!) opinion. Whether they confirm the first opinion or provide you with more options, you will have greater peace of mind with your final decision if you seek out multiple opinions.



Get a second opinion.



Are all hysterectomies the same?

Even if the consensus for treatment is a hysterectomy, different practices might offer different, less-invasive methods like vaginal, laparoscopic, and robotic hysterectomies. Whenever possible and appropriate for your diagnosis, you should consider one of these over an abdominal hysterectomy. Minimally invasive procedures reduce the risk of complications and shorten recovery time.

Additionally, different surgeons may have different opinions about what should or should not be removed, depending on the diagnosis. Be sure to ask if you will be able to keep your ovaries, fallopian tubes, and/or cervix. If you can safely keep your ovaries and cervix, there are many benefits to doing so. If the doctor says “no” without offering an explanation, always ask “why not?”

To learn more about the different types of hysterectomy see: “[Types of Hysterectomy](#)” on our resources page.



Research surgeons.



Take notes.



What questions should I ask?

Hindsight is 20/20. Sometimes we don't know what questions we should ask until it's too late! But fortunately, you can learn from the women who have walked this road before you. Here are some questions they wished they had asked:



Write down
your questions.

1. Should I stop taking my normal prescription and/or over-the-counter medicines and supplements before surgery? If so, how long before?
2. Is it ok to drink alcohol prior to surgery? If not, when should I stop?
3. Is it ok to have sex the night before surgery?
4. Is it ok to shave, have a bikini wax or use another method of hair removal before surgery?
5. Should I remove nail polish and/or body piercings?
6. Will my surgery be postponed if my period starts?
7. How long should I plan to be in the hospital? Will I stay overnight?
8. When should I expect to return to my normal routine (work, childcare, intimacy, etc.)?
9. When can I expect to return to my exercise routine (bicycling, running, yoga, etc.)?
10. When should I be able to resume driving?
11. How long will the procedure take?
12. What kind of anesthesia will be used?
13. How long will it take to get the results of the pathology report?
14. Which organs will be removed, and how? (See "Resources: Types of Hysterectomy")
15. Could I opt to have a bladder tack, appendectomy, and/or tummy tuck, too?
16. Will the doctor use an abdominal binder on me? Will I need one?
17. What medication will be prescribed for pain in the hospital and at home?
18. If my ovaries are being removed, when will I start hormone replacement therapy (HRT)? Who will help me manage the dosage?
19. _____
20. _____



How do I prepare for surgery and recovery?

Stay organized

You will likely come home from your pre-op appointments with lots of paperwork and instructions. Go ahead and find a folder, binder, or basket you can keep everything in. This will reduce stress from now through recovery. If you really want to get fancy, you can get dividers to keep track of pre-op, post-op, billing, and insurance documents.



Keep medical paperwork together.





Prepare your recovery spot.



Prepare your home

Before you leave for the hospital, make sure you have a clean, comfortable spot—a “rest nest”—to convalesce in when you get home. Change the sheets. Make sure you have several pillows—maybe a wedge pillow to help you sit up and a tummy pillow to hold in your lap. Clean any windows so you have a nice clear view out. Do some dusting if you haven’t lately. And then fill your space with things that make you happy! Hang up pictures of loved ones. Move the TV if you need to. Put some good books or magazines by your bedside. And don’t forget to plug in your phone charger and have it ready to go!

In addition to preparing your spot, there are a few things you might want to stock up on before the big day:

- Freezer meals
- Maxi pads for post-op bleeding
- Prunes, apples, chewing gum and stool softeners for constipation
- Sleepy tea or other OTC sleep aids
- Tylenol, Advil, or other OTC pain medications
- GasX
- Hand sanitizer
- **An abdominal binder** 
- **Mesh panties** 
- **Ice packs** 
- **Tummy Pillow** 



Plan and prepare meals.



Shop at the Hysterectomy Store.

Prepare your life

Use a wall calendar.



With your rest nest prepared, you can start thinking about other areas of your life that will need to be on autopilot while you are recovering. The easiest way to do this is to start making a list of the things you do every day and think about how they will get done while you are on bed rest.

- Who will provide child care/transportation?
- Who will prepare meals?
- Who will do laundry?
- Who will take care of pets and/or plants?
- Who will manage lawn care?



If someone offers to help, say YES!

Reaching, lifting, or anything else that strains your abdominal muscles (like vacuuming and mopping) will be off limits, so consider that as you make your arrangements.

If you work or volunteer outside the home, make sure you let the appropriate people know that you will be out of commission for a few weeks. Take care of any time-sensitive tasks (bills, deadlines, etc.) now so that you can focus completely on rest and recovery after surgery.

Prepare your body

You may be feeling overwhelmed with all there is to do in the weeks and/or days leading up to surgery, but remember most of all: it is important that you stay well. Ask for help when you need it, or even just want it! Maintain a healthy diet. Plan some time to relax. Go for a walk, or whatever exercise you can tolerate and enjoy. If you smoke, now is a great time to quit! You can talk to your doctor about resources to help with this. Furthermore, giving up alcohol in the weeks before your surgery can reduce chances of post-op complications. You want your body to be as healthy as it can be when you go in for surgery.

Your doctor should give you instructions on how to prepare your bowels for surgery. The doctor may or may not order an enema or bowel clean-out. Only do this if instructed. It is crucial that you follow these instructions exactly—no more, no less. At the very least, you will probably be instructed not to eat or drink anything 12 hours before surgery. If you have medications or supplements you take regularly, be sure to ask your doctor about taking them within the last 24 hours before surgery.



Ask about nail polish.



Save the stubble.



Join our Facebook Group: Your Hysterectomy - Support, Tips, Stories.



What will I need at the hospital?

If you are having an outpatient procedure, you really won't need anything except your insurance and a photo ID, and anything else the hospital specifically mentioned. Just be sure to wear clothes and shoes that will be easy to get back on after surgery when you are tired and sore.



Pack lightly.

If you know you are staying overnight, there are a few things you don't want to be without:

- A loose-fitting nightgown (nothing that will put pressure on your tummy)
- Slippers
- Toothbrush/toothpaste
- Basic hair care, i.e. a brush or comb and maybe a ponytail holder
- [Hysterectomy prep set](#) 🛒

If you are not sure what to bring, you can always call the hospital to double check.



THE DAY OF SURGERY

What can I expect when I arrive at the surgery center?

When the time for surgery arrives, you'll take the bag you've packed and your folder of paperwork and head to the hospital. Give yourself plenty of driving time so there is no unnecessary rushing or stress. You will check in with a hospital staff member who will have you fill out and/or sign some more paperwork, review personal information, confirm that you have fasted for the instructed amount of time, double check medications, and other housekeeping items. Be prepared to answer the same questions multiple times between now and surgery! It may be annoying, but it reduces the chances for error.

What else happens before the operation?

Once you have checked in, you will be taken to a pre-op holding room, where you will change into a surgical gown and have your IV line started. Once the nurses have you fully prepared, family and/or friends will have a chance to hug you and wish you well. Your doctor and anesthesiologist usually come around for a quick chat, too. You may be given a sedative before you are wheeled to the operating room, but you won't be given regional or general anesthesia (whichever your medical team decided on) until you are in the operating room. The catheter will be inserted at this time, as well. It will be removed after surgery when you are awake and mobile. If you have never been in an operating room, they are very similar to what you see in movies: lots of bright lights and people standing around preparing the equipment for surgery. It can seem a little intense, but if you are receiving general anesthesia, you won't be conscious very long. If you are receiving regional anesthesia, you will not be unconscious, but your medical team can provide you with sedatives to help you relax and even sleep through the surgery. Then when you open your eyes again, you'll be in the recovery room!



What should I expect when I wake up?

Once the nurses see you awake and aware, they will start to ask you about your pain and any other symptoms. Everyone's body responds differently to anesthesia, but you can generally expect to feel sore and groggy. Your pain level will largely depend on the type of surgery you had and whether or not there were any complications. Get used to nurses checking on you frequently, whether or not you are awake. It can be exhausting, but it is better that they check on you too much than too little! Don't be bashful about asking for help. If you need to use the bathroom, ask. If you need something to eat or drink, ask. If you are hurting, let them know.



When can I return home?

There are many variables that determine how soon you can leave the hospital, including the type of surgery you had and if there were any complications along the way. If you had a minimally invasive surgery, you may be able to leave the same day. If you had abdominal surgery, or had some complications, you will likely stay overnight at least one night if not more. In general, they will wait to see that your pain is manageable and your incision is healing well. Before you leave, look over the post-op instructions and ask ANY questions that come to mind. As you gather your belongings, make sure you have your tummy pillow out and ready for the car ride home—this will help protect your incision from the pressure of the seatbelt.



Limit visitors.



Keep a tummy pillow close to you.



FIRST DAYS AFTER SURGERY



Keep incisions clean and dry.

How do I take care of my incision?

Your doctor should have sent you home with specific instructions for how to care for your incision. You might have been in a haze, but hopefully either you or your helper put it in your paperwork folder. It is important to follow these specific surgeon-prescribed instructions because, well, who knows your incision better than the person who made it?

The two big rules for incision care are these:

**Sore, itchy incision?
Try an ice pack.**



Keep your incision loosely covered and dry. This means that baths are off limits, and showers should be kept short, sweet, and not too hot. Be sure to remove the bandage after you shower to dry off any moisture that may have seeped in.

Refrain from lifting, pulling, or pushing. Anything heavier than a gallon of milk is too heavy. This also means that mops, vacuums, lawn mowers, shopping carts, and strollers are off limits until you have healed.



If you have to heave it, leave it!



Love your tummy—
use a binder.



Will I be able to move around easily after surgery?

While it is important to get up and walk regularly, that can be easier said than done. Here are a few pointers for getting around while you are still sore and healing:

- If you are getting out of bed, roll over on your side first, and push your upper body up with your arms. Then you can slowly swing your legs out in front of you.
- If you are getting out of a recliner that requires you to push down on the footrest with your legs, you might need to ask for help getting up.
- When you do get up, make sure you have something to hold onto along the way in case you get dizzy or lose balance.
- You shouldn't be in the driver's seat until after your post-op appointment, but if you do go somewhere as a passenger, take your tummy pillow with you to put in between you and the seatbelt. Also, speak up if you are hurting or overly fatigued and need to go back home.
- Make sure there is a sturdy rail to hang on to in the bathroom and the shower. Towel rods are usually not sturdy enough to hold your weight!

Whatever you do in those first few days, do it slowly and carefully. Listen to your body!



Keep a sturdy
chair nearby.



Got stairs? Try going
up backwards!



What else can I expect after surgery?

Pain

Your surgeon should have sent you home with instructions for managing your pain. Especially in the initial stages of healing, it is important that you follow your pain medication instructions exactly. The key is to stay ahead of the pain; you do NOT want to wait until you are already hurting to take your medicine. Your body needs to focus on healing, and it can't do that if it has to spend its energy managing pain instead. And, as always, if you have any questions or concerns, call your doctor.

Tip Keep track of your medication.



It is easier to prevent pain than to stop it.



Constipation

Once your pain is under control, and you're starting to come out of the post-op fog, you may notice another problem: constipation. The combination of pain medications slowing everything down and your body focusing its energy on healing can wreak havoc on your digestive system. So if you do find yourself struggling with this, here are some things you can try to help:

Tip Stool softeners are your friend.

- Eat fiber-rich foods (apples, bran, prunes, etc.)
- Use a stool softener (not a laxative!)
- Drink plenty of water
- Walk around (but don't overdo it)
- Chew gum (as strange as it seems, this is a tried and true trick!)



Eat nutritious foods that are high in fiber.

Rest

Your body does most of its healing during sleep, and since you will have a lot of healing to do, your body may let you know that you need a lot more sleep. Don't ignore your body's signals. Learn to set up camp on your sofa, stretch out with a pillow and blanket, and close your eyes for naps. If you are pushing yourself through your day, you could potentially slow down your recovery process. Put your feet up, and enjoy it while it lasts!





If you feel sleepy, sleep.

Vaginal bleeding

Regardless of what kind of hysterectomy you had, you may notice some vaginal bleeding for a few weeks after surgery. Many women have to wear a pad for a few weeks, so there's no need to panic. If, however, your bleeding has slowed down for a while and then you all of a sudden see a surge of bright red blood, go ahead and call your doctor.


 *Call your doctor: If you experience any new, red blood, contact your doctor as soon as you can.*

 *If you are experiencing ongoing, heavy bleeding (soaking through a pad an hour), seek medical attention immediately. *



Bladder spasms

As a side effect of the catheter that was inserted for surgery, you may notice some sensation in your bladder after surgery. Many women complain of infection-like symptoms, which may be the case if you have a fever, but most women find that their bladder is only spasming. It's still recovering from the irritation of being moved around and catheterized. It may take some time, but it will return to normal. If, however, the problem persists or gets worse, or you find yourself running a fever, definitely call your doctor's office.


 *If you are experiencing symptoms of infection and running a fever over 100, seek medical attention immediately. *

Abdominal swelling

If you notice some abdominal swelling, don't worry; it is completely normal. This swelling is caused partially by the body's natural healing process but also by the gas that the surgeon uses to inflate the belly to be able to access the organs. In fact, it is so common that it is affectionately called "swelly belly." Swelling is part of your body's healing process. Most women use an abdominal **binder** and a good **support panty** to stay comfortable until the swelling goes away.

Stay comfy with loose-fitting clothes.



 *Call Your Doctor: if your abdomen is hot to the touch, red, or painful, this is NOT normal, and you should call your doctor as soon as possible.*



Catch some Zzz's

Insomnia

Insomnia is another common problem at this stage of recovery. The mixture of pain medications, a disturbed sleep schedule, the body's reaction to the shock of surgery, and perhaps worrying about the future, can all keep you awake at night. You can try natural remedies like aromatherapy, warm milk or tea before bed, and relaxation techniques. There are also over-the-counter aids. If the problem doesn't get better, you can always talk to your doctor about hormone levels and other causes. You need your rest in order to recover, so don't let this problem go on for too long.



THE IN-BETWEEN

Just say no!



You've made it past the first few groggy days, and all there is to do is wait, rest, and heal until your post-op appointment. This is the point in your recovery where you might be feeling really great one day and really miserable the next. It can be frustrating and sometimes even boring! On the good days, you may have to fight the urge to do too much too soon, only to fight off some nagging symptoms the next day.

Is it time to get physical?

As you start feeling better, you might start itching to “get physical,” whether that means returning to your exercise routine or intimacy (or both!). In fact, some women experience a surge of hormones as they start feeling better. Hormones and boredom aside, however, you need to wait for your doctor’s “OK” at your post-op appointment.

Exercise

For now, your physical exercise is simply getting up and walking frequently. Maybe you can walk around your house. Maybe, as your healing progresses, you can walk to your mailbox and back. Just make sure not to walk too far and find yourself stranded. Take a buddy with you if you want to venture further.



Wait for the doctor’s green light for physical exercise.



Drink up!



There are no rewards for the fastest recovery.



Don’t forget to walk.



Intimacy

As for physical intimacy, the general rule is that nothing should be inserted into the vagina during the healing process. It truly is dangerous, and many women have had to have additional surgery because they did not follow these instructions. Additionally, many doctors require complete pelvic rest, so you might want to ask about any other type of sexual activity. As you wait anxiously for time to pass, find other ways to connect with your partner. The wait will make your reunion that much better!




What if I still have some lingering symptoms?

Fatigue

Even though you may be feeling better overall, you may also notice you tire more easily. That is normal, and it should continue to improve with time. Continue to listen to your body and take breaks when needed. In addition, be sure to stay hydrated and eat a balanced diet. If your fatigue is not getting better, or it is getting worse, it never hurts to reach out to your doctor for further guidance.

Abdominal Discomfort

As your body continues to work its way through the healing process, you might have some lingering swelling, pulling, itching, or aching. In general, these symptoms will resolve with time and rest. If, however, you notice abdominal soreness getting worse, especially after physical activity, you may be doing too much too soon.

 *Call your doctor: If the itching, swelling, or aching gets worse/unbearable, or if your abdomen is red and/or hot to the touch, you need to contact your doctor.  If you are experiencing these symptoms along with a fever over 100, and you are not able to contact your doctor, you may need to seek emergency care. *



Wait for the doctor's green light for intimacy.



Can I take a bath now?

Until your doctor clears you at your post-op appointment, you should avoid baths. You have come too far to risk getting an infection at this point. It won't be long, though!

What if I get bored?

It is normal to start feeling bored once you start feeling better, but it's important to entertain yourself without putting yourself in harm's way! If you are starting to feel stir crazy and bored, here are some safe things you can do:

- Work a puzzle
- Find a new show to binge on (if you don't have a streaming service like Netflix or Hulu, you can sign up for a free trial to get you through recovery.)
- Learn to knit or crochet
- Call old friends or distant relatives
- Organize photo albums
- Shop online
- Read a book
- Write a book
- Collect new, healthy recipes
- Draw or color an adult coloring book
- Play cards with family or friends

No matter how great you feel, please do not risk your health and safety by taking a bath, vacuuming, lifting (yes, this includes pets and children or anything else over 10 pounds), mowing the lawn, pushing a shopping cart or stroller, or anything else that could strain your abdominal muscles; you use them more than you think during day-to-day activities.



Stay away from your workplace.



Plan to pass the time.





POST-OP CHECKUP

This is the appointment you have been waiting for—your golden ticket back to normalcy. Depending on the type of surgery you had, this appointment could be 3-8 weeks after surgery. This is a great time to ask any burning questions that have been nagging at you or any new questions that have come up throughout your recovery. If you have several questions, you might want to take a notepad with you to write down the responses. Some doctors will even let you record the conversation with your phone, but you will need to ask for permission.

At your post-op appointment, your doctor will likely do a pelvic exam to check that everything is healing properly, inside and out. This can be uncomfortable, but it is the only way to check on internal stitches.

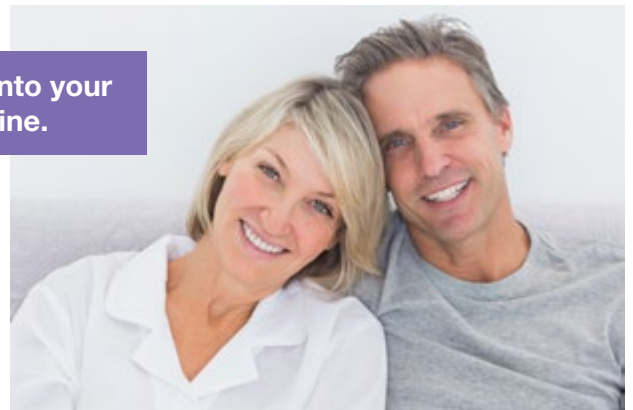
If you have been following post-op instructions, and there have been no complications along the way, your doctor will give you the green light to return to your normal activities, including work, exercise, and intimacy. Just remember, it is still important to listen to your body and ease back into these activities.



If you had your ovaries removed, ask about HRT.



Ease back into your normal routine.





THE NEW NORMAL: RECOVERING FROM RECOVERY

How do I stay well going forward?

Physical Wellness

If you weren't exercising before your hysterectomy, now is a great time to start (as long as you start slow and easy). Find some friends to walk with or attend a local gym. You could even start a new hobby that will get you up and moving. This is also a good time to reevaluate your diet and see what improvements can be made.

Don't forget
your kegel.



As you start getting back to your normal physical activity, you might be ready to resume physical intimacy as well. Set your expectations low for the first few times, and have some **personal lubricant** nearby. Go slow, and communicate with your partner. If anything hurts around your surgical site, stop.

As you continue to heal and progress, don't forget to include annual exams to keep track of your health. You might use your hysterectomy month every year to go in for your annual wellness checkups—whatever works for you!



Personal lubricant helps.



Returning to Work

Expectations

When you are ready to return to work, it is important that you set reasonable expectations for yourself, your boss, and your coworkers before you even step foot in the door. Communicate openly with your boss so that they know that while you may be back, you may not be back 100%. If your job requires lifting, driving, or anything else that could compromise your recovery, you may need to make special arrangements to keep yourself safe.



Return to work carefully.



Comfort

As you transition from your cozy resting spot back to your workplace, you may need to take some extra measures to stay comfortable. If you have a desk job, plan to bring a pillow to support your back and perhaps even your tummy pillow to go between your tummy and your desk. If the chair you usually sit in is uncomfortable, you might need to bring your own. If you are on your feet a lot, invest in some supportive, comfortable shoes. Regardless of where you work, make sure you have comfortable clothes to wear. You might still be experiencing some tenderness, especially as you start moving around more. Even if you feel fine when you leave the house, the demands of the day might wear on you over time.

Fatigue

No matter where you work, don't be surprised if you tire easily both physically and mentally. Your body has been through a lot, and it will need time to transition. Stay hydrated, eat well, and take breaks when you need to. Your body will adjust with time.

Never underestimate hormones!





Emotional Wellness

In addition to physical health, this is also a good time to evaluate your mental and emotional health. Some women struggle with a great sense of loss, emptiness, confusion, loneliness, and/or heartbreak after a hysterectomy. It is different for every woman, and every woman will cope differently, but if you are feeling lonely, you might join a community class or club to meet new friends and learn a new hobby. If you are feeling confused, you might keep a journal or read some related books to help you make sense of it all. If you are feeling empty, start making note of all the things in your life you are grateful for. If you are feeling heartbroken, make time to do the things you love with the people you love. If you feel the need, you can always reach out to a professional to help guide you through the flood of emotions. Whatever you do, don't struggle alone!



It's normal to mourn.



🚩 If you find yourself struggling with persistent sadness, hopelessness, apathy, or thoughts of harming yourself, please contact a doctor immediately. If it is after normal office hours, and you are thinking of harming yourself, call 9-1-1 or the National Suicide Prevention Lifeline at 1-800-273-8255 🚩



Make new friendships.

I'm all better. What do I do next?



As you head back into your new normalcy, be aware that this could mark a turning point for your life. Do you have pounds you need to shed for your health's sake? Do you need to stop smoking? Make an appointment for your annual checkup and talk to your doctor about the changes you need to make.



Manage stress.

It's time to celebrate the start of a new chapter in your life. Celebrate the new life ahead of you by getting that haircut, taking that trip, visiting that old friend, or starting that business you always dreamed about. Fill your life with new mystery and adventure, and savor every moment—you deserve it!



ADDITIONAL RESOURCES

Hysterectomy

Many women get confused about what exactly is being removed during their hysterectomy. Be sure to ask your doctor specifically about what is being removed and what will remain. Here are some terms you might hear as your surgeon explains your procedure:

Hysterectomy: a general term referring to the removal of the uterus

Total hysterectomy: the removal of the entire uterus, including the cervix

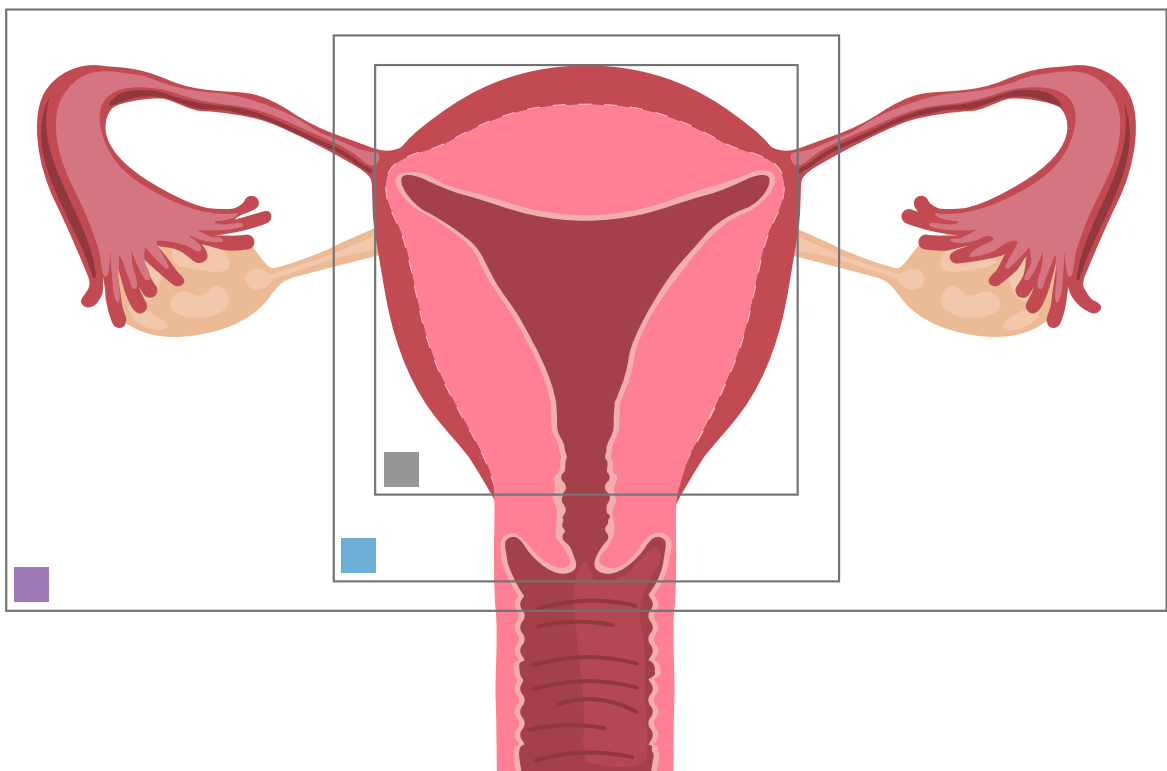
Partial hysterectomy: the removal of only the upper portion of the uterus, leaving the cervix in place

Oophorectomy: Removal of one or both ovaries. If both ovaries are removed, it's called a bilateral oophorectomy.

Salpingectomy: removal of one or both (bilateral) fallopian tubes

Bilateral salpingo oophorectomy (BSO): removal of both fallopian tubes and both ovaries

Types of hysterectomy



Types of Hysterectomy

- **Partial Hysterectomy** (removes top of uterus, leaving cervix in place)
- **Total Hysterectomy** (removes all of uterus including cervix)
- **Total Hysterectomy with bilateral salpingo & oophorectomy** (fallopian tubes and ovaries removed)

Laparoscopic

A laparoscope is a tiny telescope with a camera attached, which provides a continuous image that is enlarged and projected onto a television screen throughout the procedure. A laparoscopic hysterectomy uses a laparoscope to assist in the removal of the uterus. This allows the surgeon to make smaller incisions, making the procedure “minimally invasive.”

There are several types of laparoscopic hysterectomy:

Laparoscopic Assisted Vaginal Hysterectomy: removal of the entire uterus through the vagina with the assistance of a laparoscope and other surgical instruments inserted through small abdominal incisions. Unless your surgeon tells you otherwise, the entire uterus, cervix included, will be removed, leaving the fallopian tubes and ovaries intact.

Total Laparoscopic Hysterectomy: removal of the entire uterus through small abdominal incisions with the help of a laparoscope and other surgical instruments. Unless your surgeon tells you otherwise, the entire uterus, cervix included, will be removed, leaving the fallopian tubes and ovaries intact.

Laparoscopic Supracervical (partial) Hysterectomy: removal of only the upper part of the uterus through small abdominal incisions with the help of a laparoscope and other surgical instruments. As a partial hysterectomy, the cervix will stay intact. The ovaries and fallopian tubes will also remain unless your surgeon says otherwise.

Robotic Hysterectomy: removal of the uterus with the help of robotic equipment controlled by the surgeon. The robot allows for greater vision, dexterity, and accuracy. A robotic hysterectomy can be either a total hysterectomy or a partial hysterectomy. If it is a total hysterectomy, the uterus with the cervix will be removed. If it is a partial hysterectomy, your cervix will remain intact.

Laparo-Endoscopic Single-Site Hysterectomy: removal of the uterus through a single incision in the fold of the belly button. This makes for a quicker, less painful recovery. A single-site hysterectomy can be either a total hysterectomy or a partial hysterectomy. If it is a total hysterectomy, the uterus with the cervix will be removed. If it is a partial hysterectomy, your cervix will remain intact.

Abdominal

In an abdominal hysterectomy, the uterus is removed through a large incision (6-8 inches) across the abdomen. This procedure allows for greater visibility in the abdominal cavity and may be the best option for some situations, but it can make for a longer, more painful recovery. A total abdominal hysterectomy means your entire uterus is removed, including your cervix. If the cervix is left in place, and only the upper portion of the uterus is removed, this is a partial abdominal hysterectomy.

Vaginal

In a vaginal hysterectomy, the uterus is removed through the vagina, often aided by a laparoscope. This is one type of total hysterectomy, meaning your entire uterus is removed, including your cervix.

Diagnoses that lead to hysterectomy

Adenomyosis: a condition in which the endometrium grows into the muscular wall of the uterus (myometrium). This can enlarge the uterus, often causing intense menstrual cramps, heavy and prolonged menstrual bleeding, and abdominal bloating. It can also cause lower back pain, abdominal pressure, and painful intercourse. Excessive bleeding associated with adenomyosis can also cause fatigue and/or anemia.

Adhesions: scar tissue that forms between two organs or tissues following surgery, infection, or another medical trauma. Over time, these adhesions can cause pain, digestive issues, infertility, and painful intercourse depending on the affected organs.

Uterine Fibroids: non-cancerous tumors, also known as leiomyomas, that form in the smooth muscles of the uterus.

Hydrosalpinx: collection of fluid in the fallopian tube(s) following injury, irritation, or infection. The fluid eventually leaks out through the uterus and vagina, causing a clear discharge.

Hyperplasia: abnormal overgrowth of the endometrium (lining of the uterus), which may lead to cancer.

Interstitial Cystitis (IC): chronic, and often severe, inflammation of the bladder wall, which can cause frequent urination, and/or severe lower abdominal or perineal pain.

Endometriosis: implantation of endometrial tissue on other organs, often including the ovaries, fallopian tubes, and bowels.

Cancer

Cervical cancer: slow-growing cancer of the cervix, the second-most common cancer in women, but easy to diagnose and treat early with regular Pap smears

Endometrial cancer: cancer of the uterine lining, the most common gynecologic cancer

Ovarian cancer: cancer of the ovaries, the seventh-most common cancer among women, and the fifth-leading cause of cancer deaths among women

Uterine Sarcoma: a malignant tumor that develops in the muscles or supporting tissues of the uterus

Vaginal cancer: rare cancer that forms in the vagina

Pelvic organ prolapse

Bladder (cystocele): weakening of the muscles and tissues supporting the bladder to the extent that part or all of the bladder descends into the vagina

Rectal/posterior (rectocele): the bulging of the rectum into the back wall of the vagina

Small Intestine (enterocele): the bulging of the small intestine into the pelvic cavity

Uterine prolapse: drooping of the uterus into the vagina

Vaginal vault prolapse: the collapse of the upper part of the vagina into the vaginal canal

Uterine bleeding

There are many reasons you may experience abnormal uterine bleeding. Some of these reasons are minor and may even resolve on their own, while others can be more serious and require medical attention and, possibly, a hysterectomy.

Excessive Bleeding: abnormal bleeding caused by a hormone imbalance, polyps, endometrial hyperplasia, fibroids, adenomyosis, infection, or cancer

Post Menopausal Bleeding: unexplained uterine bleeding after menopause

Pelvic pain

Painful Intercourse (dyspareunia): relentless, recurring pain during intercourse, which may be a sign of other pelvic illnesses

Pelvic Infection/Inflammatory Disease (PID): a serious infection of the pelvic organs, caused by bacteria passed through the vagina

Undiagnosed Pelvic Pain: any other undiagnosed pelvic pain

Premenstrual Dysphoric Disorder (PMDD): a disorder that causes women to experience severe depression, irritability, tension, and anxiety before menstruation

Post-Ablation Tubal Sterilization Syndrome (PATSS): a rare condition affecting women who have undergone both endometrial ablation and tubal sterilization, causing intense pain, vaginal bleeding, cramping, lower back ache, and painful intercourse

Polycystic Ovarian Syndrome/Disorder (PCOS): a disorder of the endocrine system which may cause polycystic ovaries and other symptoms

PRODUCTS WE RECOMMEND

Pocket Tummy Pillow

Tummy pillow with pocket - comes with 2 cold packs for gentle protection and cooling relief. Lots of fun fabrics for your choice. Best Seller!

hysterectomystore.com/pocket-pillow-hysterectomy-recovery/

Abdominal Support Binder

This binder provides support directly to your tummy, allowing you to move with less pain and greater mobility and is sized perfectly for women. Best Seller!

hysterectomystore.com/abdominal-support-binder/

Pocket Binder

This pocket abdominal binder is a specially developed binder with a pocket to hold a cold/hot pack for additional pain relief and comfort for abdominal incisions during hysterectomy recovery. Best Seller!

hysterectomystore.com/perfect-pocket-abdominal-binder-with-2-cool-packs/

Cold Packs and Cold Pack Pouch

The cold packs are sold as a set of two, providing cold or heat comfort during your hysterectomy recovery. Can be purchased with a colorful fabric pouch.

hysterectomystore.com/cold-pack-pouch/

Mesh Panties

Mesh panties are stretchy and light, making them perfect for the post op belly and tender incisions. Great for holding incontinence pads, post surgery dressings or peri-cold packs in place.

hysterectomystore.com/mesh-panties/

Post op panties

Designed by a surgical nurse, these panties feature anatomic medical grade compression to reduce pain, bloating, swelling and tenderness.

hysterectomystore.com/post-op-panty/

Granny Panties

Sold in sets of two, these full-cut Granny Panties are a soft, stretch cotton with a waist that sits above your naval for easy coverage over hysterectomy swollen belly.

hysterectomystore.com/granny-panties-2-pack/

Support Panties

Packaged in sets of two, these light-weight control panties are great for your tender tummy as you recover from your hysterectomy.

hysterectomystore.com/body-by-bali-nylon-tummy-panel-brief-2-pack/

Three Style Panty Pack

From the day of surgery until you head back to work, these panties are perfect for your recovery and we've packaged them together for your hysterectomy recovery. 2 pairs of each: Mesh panties, granny panties, support panties.

hysterectomystore.com/panty-pack/

Wear around shirt

Lounge around in the hospital or at home after your hysterectomy, this “wear around shirt” is perfect for hysterectomy recovery. 100% cotton.

hysterectomystore.com/wear-around-shirt/

Personal lubricant

Genneve Personal Lubricant is designed to enhance the comfort of intimate activity or daily exercise by supplementing the body’s natural lubrication.

hysterectomystore.com/genneve-personal-lubricant/

Intimate Moisture

Relieves vaginal dryness instantly, protects tissue and enhances intimacy. Concentrate formula, approx. 64 applications - 2 OZ.

hysterectomystore.com/genneve-intimate-moisture/

Great Binder Set

A set combining two best binders for your hysterectomy recovery - and the Silky Sac into a great set.

hysterectomystore.com/the-great-binder-set/

Hysterectomy Prep Set

The Hysterectomy Prep Set has it all: Pocket binder, cold packs, earplugs, eye mask, silky sac, mesh panties and ebook packaged together to save.

hysterectomystore.com/hysterectomy-prep-set/

Hysterectomy Store Gift Certificate

In case you have a friend or family member who has a hysterectomy coming up, the Hysterectomy Store offers gift certificates.

hysterectomystore.com/gift-certificates

COMMONLY USED TERMS AND ACRONYMS

Ablation: destruction and removal of tissue, such as your endometrial lining

BSO (Bilateral salpingo oophorectomy): removal of both fallopian tubes and both ovaries

Morcellation: division of solid tissue into smaller pieces prior to removal

Myomectomy: surgical removal of fibroids, leaving the uterus intact

Natural menopause: gradual shutdown of ovaries over time—a natural part of aging

Oophorectomy: removal of one or both ovaries

Partial hysterectomy: removal of only the upper part of the uterus, leaving the cervix intact

Surgical menopause: menopause caused by surgical removal of the ovaries

Salpingectomy: removal of one or both fallopian tubes

UFE (Uterine Fibroid Embolization): a minimally invasive procedure that uses embolic agents to block blood flow to the fibroids, causing them to shrink

Total hysterectomy: removal of the entire uterus, including the cervix. This does not include the fallopian tubes or ovaries

Trachelectomy: surgical removal of the cervix

SIGNS OF MENOPAUSE

Vaginal atrophy/dryness: the thinning, drying, and/or inflammation of the vaginal wall due to lack of estrogen

Hot flashes: the sudden sensation of heat, especially in the face, neck and chest, and sometimes accompanied by redness and/or sweating

Night sweats: episodes of excessive perspiration while you sleep

Moodiness: rapid changes in mood caused by hormonal changes

Insomnia: a sleep disorder that makes it difficult to fall asleep or stay asleep

Breast tenderness: soreness in the breasts caused by hormonal changes

Decreased libido: lack of motivation or desire for physical intimacy

OUR BEST TIPS FOR HYSTERECTOMY RECOVERY

Over the years we've gathered the best tips from women who have journeyed the path through hysterectomy planning and recovery. While everyone's experience is unique, our hope is for you to find help and comfort from these tips. Consider this list a personal "cheers to success" for your recovery.

Tip 1 - Understand your diagnosis.

This is the time to do your research. Use every available means to read about your diagnosis. Ask your doctors about treatment options. Patients are better equipped to make the best decisions for their health if they have tried alternative treatment options before scheduling surgery.

TIP 2: Avoid the blame game.

Blaming yourself or your doctor won't change anything, and it certainly won't help you feel better. You may not have paid attention before or been aware of the possible treatment options. Don't blame yourself or your doctor for that. Use your resources to gather what you need to move forward with hope of medical resolution.

TIP 3: Get a second opinion.

Your trusted, favorite doctor may suggest a hysterectomy. Before you schedule it, however, be sure to get a second opinion. Another surgeon may suggest another treatment to try first. Another surgeon may offer a different type of surgery. Having a hysterectomy should always be a last resort after all other alternative treatments have been carefully explored and considered.

TIP 4: Research surgeons.

As you explore your surgery options, look for a surgeon who specializes in minimally invasive hysterectomy. Minimally invasive surgeries offer quicker recoveries, meaning you could be back to your life sooner. Not everyone is a candidate for this type of hysterectomy, but it doesn't hurt to ask!

TIP 5: Take notes.

It's overwhelming to take in all the information you may need while in the doctor's office. Many patients bring a notebook or use their phone to record their conversation with their doctor to re-listen. Another option is to bring a friend to take notes and simply be available to discuss the details of the office visit.

TIP 6: Write down your questions.

Go to your doctor visits prepared with questions. Write them down as they cross your mind or as friends and family talk to you about your medical choices. Be sure to write the answers down as you receive them. This gives you the option to reread the answers as you discuss your surgery with others.

TIP 7: Keep medical paperwork together.

Use a basket, a folder, or a shoebox to keep all paperwork you receive regarding your surgery. Keep insurance information in this spot as well. This makes all paperwork easy to organize and access as you prepare and recover.

TIP 8: Prepare your recovery spot.

Think about the things you'll need nearby while you're on bedrest: an extra phone charger, the TV remote, your iPad, and a basket to hold it all. Extra pillows, including a [tummy pillow](#) and an extra soft body pillow, may be helpful, too.

Pocket Pillow: [🛒 hysterectomystore.com/pocket-pillow-hysterectomy-recovery/](https://hysterectomystore.com/pocket-pillow-hysterectomy-recovery/)

TIP 9: Plan and prepare meals

This is a great time to check Pinterest or your favorite blog for simple freezer and slow cooker meals. Some women use freezer bags to store pre-cut veggies, meats, and spices to toss into their slow cooker. Other women prepare casseroles to store in the freezer for easy-to-heat dinners. Say YES if friends offer to bring a meal!

TIP 10: Use a wall calendar.

If your family's schedule is fast and furious, keep a wall calendar to help keep track of all the activities, doctor visits, school events, and work deadlines. Having everyone's activities at a glance should help keep things running smoothly.

TIP 11: Shop at the Hysterectomy Store.

From tummy pillows to post-op panties, the [Hysterectomy Store](#) is stocked with items especially to help you recover more comfortably after your hysterectomy. [Shop hysterectomystore.com.](#)

TIP 12: Join us on Facebook: Your Hysterectomy - Support, Tips, Stories.

You'll find other women going through the hysterectomy experience on our Facebook Group: [Your Hysterectomy - Support, Tips, Stories. facebook.com/groups/hysterectomygroup/](#)

TIP 13: If someone offers to help, say YES!

As family, friends, and acquaintances offer to help, let them! Whether they offer to run errands for you, pick up items at the grocery store, or offer to drive you to appointments, let them! Your willingness to allow others to help spreads blessings to those who offer their hands.

TIP 14: Ask about nail polish.

Because the nail beds are a key indicator for blood circulation, most doctors will only allow clear nail polish.

TIP 15: Save the stubble.

Do not shave, wax, or do any other sort of hair removal before surgery unless your doctor gives you the OK. Doing so can increase your chances for infection and possibly even cause the surgery to be cancelled.

TIP 16: Pack lightly.

As you pack your things for surgery, you may think you need your wedding ring or your favorite necklace, but it's easiest (and safest!) to secure all your jewelry at home. It will be one less thing for you to worry about.

TIP 17: Limit visitors.

If you are going home the same day as your surgery, you won't need visitors at the hospital. And even if you are staying a day or two, it's best to keep your visitors to a minimum so you can rest. Invite your friends and family to stop by once you are home. Hopefully they can bring a meal, help shuffle the dogs outside, or corral your kids after school.

TIP 18: Keep a tummy pillow close to you.

We can't say enough about the need for a tummy pillow. You will quickly discover that a simple sneeze or a cough can hurt your tummy. Bracing something soft but firm against your belly as you sneeze can soften the blow. It can also be helpful to have one to protect you from your seatbelt in the car and any jumping pets or children at home.

[🛒 hysterectomystore.com/pocket-pillow-hysterectomy-recovery/](https://hysterectomystore.com/pocket-pillow-hysterectomy-recovery/)

TIP 19: Keep your incisions clean and dry.

Some doctors want your belly completely dry until the stitches have been removed. In this case, you may be able to use "kitchen plastic wrap" over your tummy to keep it dry. Other doctors say it's ok for a brief shower as long as you pat your incisions dry completely. The main thing — keep your incisions dry to encourage healing.

TIP 20: Sore, itchy incision? Try an ice pack.

Your incisions will be tender and, as they heal, may begin to itch. An ice pack can soothe your recent incisions, calming the inflammation and pain and, later on, can soothe constant itching.

Cool Packs, 2 pack set: [🛒 hysterectomystore.com/cool-packs-2-pack-set/](https://hysterectomystore.com/cool-packs-2-pack-set/)

TIP 21: If you have to heave it, leave it.

Even if you were a bodybuilder before surgery, why take the risk? Play it safe by not lifting anything heavier than a jug of milk while you are healing. And yes, unfortunately, this includes most pets and children.

TIP 22: Love your tummy—use a binder.

Compression after a laparoscopic hysterectomy or open abdominal hysterectomy is helpful to your recovery. A binder provides support directly to your tummy and back, allowing you to move with less pain and greater mobility. Adding an ice pack to your binder will provide additional pain relief and comfort for your tender belly.

Binder: [🛒 hysterectomystore.com/abdominal-support-binder/](https://hysterectomystore.com/abdominal-support-binder/)

Pocket binder with cold packs: [🛒 hysterectomystore.com/perfect-pocket-abdominal-binder-with-2-cool-packs/](https://hysterectomystore.com/perfect-pocket-abdominal-binder-with-2-cool-packs/)

TIP 23: Keep a sturdy chair nearby.

You may be surprised by how hard it is to get up and out of bed after surgery. Having a stationary, sturdy chair by your bed can help you get up without straining your tender abdominal muscles.

TIP 24: Got stairs? Try going up backwards.

Your belly will be tender during the first weeks following surgery, and resting your abdominal muscles is key. If you have to navigate stairs in your home, try to keep them to a minimum. If/when you do have to use stairs, go up backwards. Going backwards will use your back and leg muscles instead of your abdominal muscles, taking the strain (hopefully!) away from your belly.

TIP 25: Keep track of your medication.

The first few weeks will be a blur, especially if you are in pain and taking associated pain meds. Keep track of your medication. Write down the date, time, and name of your medicine every time you swallow a pill. This will help you ensure you don't take too much, or take too little and suffer through unnecessary pain.

TIP 26: It is easier to prevent pain than to stop it.

Doctors will usually tell you, especially in those first few days, to “stay on top of the pain.” This means you should begin taking your medicine on a schedule as prescribed and continue taking it on schedule. If you wait to take your pain meds when you are hurting, you will fall “behind the pain.” Healing and resting is a challenge when you hurt. After a few days, you might be able to take your prescribed meds less often.

TIP 27: Stool softeners are your friend.

Stool softeners can gently help move your digestive track along. Laxatives, however, are harsh on the system. After a hysterectomy, you should not use a laxative without your doctor's recommendation. Remember, pain medications are known to slow the digestive system. The sooner you can switch to non-narcotic pain medicine, like Tylenol, the sooner your digestive system can get back on track.

TIP 28: Eat nutritious foods that are high in fiber.

Remember that pain meds can slow down your digestive track. If others are bringing in food for you, request salads and easy-to-digest foods. Fiber plays a major role in digestive health, but most women don't get enough. Including foods such as fruit, bran flakes, shredded wheat, and oatmeal can help your digestive system function well, without creating gas problems.

TIP 29: If you feel sleepy, sleep.

Because our bodies heal when they are at rest, make sure to nap and rest as much as possible these first few days and weeks. Fight the urge to push yourself. Your family and friends should understand that you just had surgery and need to rest to get better.

TIP 30: Stay comfy with loose-fitting clothes.

- Loose-fitting dress NOT jeans
- Granny panties NOT low-riders

You will be more comfortable wearing clothes that do not bind across your tender belly. Many women like to wear oversized tees with loose leggings, dresses or “ath-leisure” wear. Once you graduate from needing peri-pads, many women discover that old fashioned granny panties are perfect because they are roomy over their tender, swollen belly without being too tight.

TIP 31: Catch some Zzz's

Many women experience insomnia during their recovery. If you struggle sleeping, be sure you have the pillows you need in your bed to provide support and comfort to you. Take your pain meds (including Tylenol) on schedule, and stay away from caffeine. Chamomile tea and lavender oils may be helpful to help you relax along with soft, relaxing music as you prepare for bed. Avoid stimulating TV shows and family drama near bedtime. Talk to your doctor at your post-op appointment if you continue to struggle with sleep.

TIP 32: Plan to pass the time.

You may not feel up to it at first, but as you feel better and more alert, you may enjoy reading that best-seller your friend recommended, or a new jigsaw puzzle. You can pre-select some TV shows to binge or purchase a DVD to watch. Many women also find they can do some light work at home on their laptop.

TIP 33: Just say no!

- Carrying laundry
- Moving furniture
- Vacuuming
- Intimacy

Your body is healing and really does need to rest. Most likely, you were told no lifting anything over 10 pounds. This includes laundry! Get someone else to move the laundry to the washing machine. You can then move individual items from the washer to the dryer or the hanger. Do not move furniture, push a grocery cart, or get out the vacuum cleaner. Why? These activities require the use of your tummy muscles that need rest as your incisions heal. Let them heal! Chores can wait!

TIP 34: Drink up!

If you have not been drinking 8 glasses of water a day, let this time be the time to begin to drink more water. Your body is 60% water and needs water to function properly. Water lubricates your food and intestines, making stools softer and easier to pass. Alcohol and caffeinated beverages, however, can dehydrate you and slow things down.

TIP 35: There are no awards for the fastest recovery.

Recovery is not a race. Allow your body to heal. Others may tell you that their neighbor was back to work after 2 days, or that their hysterectomy was so easy they were back to work at 1-week post op. Your recovery time will depend on your type of hysterectomy and the extent of your surgery. Each surgery is different. Listen to your doctor, follow recovery instructions, and take time to heal.

TIP 36: Don't forget to walk!

Getting plenty of rest is crucial after a hysterectomy, but walking is also important. Walking helps with your digestion, your heart and your healing as it lowers your risk of developing blood clots. You don't want to do too much too soon after your hysterectomy, but when you get up to go to the bathroom, take an extra lap around the house. As your recovery progresses, you can start walking a little bit more each day.

TIP 37: Wait for the doctor's green light: Physical Exercise

Your activity level will be restricted for several weeks, but you will be able to get up and walk around safely. As you recover, you can increase the distance you walk daily. If you are a cyclist, a marathon runner, a swimmer, a Zumba instructor, or a horseback rider, check with your surgeon on your specific restrictions and limitations.

TIP 38: Wait for doctor's green light: Intimacy

You may feel frisky (and ready!), or your partner may beg, but it is very important that you not engage in any intimate activities until you are cleared by your doctor. Usually the guideline is "nothing in the vagina until cleared by the surgeon." This includes intercourse, oral sex, and even self-stimulation. Only your doctor can let you know if you have healed sufficiently enough. Engaging in these activities before the surgeon releases you can result in additional surgery to repair the damage.

TIP 39: Stay away from your workplace.

When people see you up and dressed, they think you're recovered. To avoid any confusion, it's best to just stay away until you are ready to officially return to work.

TIP 40: If you had your ovaries removed, ask about HRT.

If your ovaries were removed as part of your hysterectomy, ask your doctor about HRT. Some GYN surgeons will manage your surgery but will not prescribe HRT. If that is the case, talk to your family doctor or find a doctor who specializes in menopause and safe HRT options. Although some women are not a candidate for replacement hormones, most women can successfully take hormone therapy with a low-dose, bio-identical option.

TIP 41: Ease back into your normal routine.

Take things easy as your recovery time comes to an end. If you are heading back to work, consider going part time for a while. If you work from an office desk, go late and come home early the first few days back to work. If you can, lay down and rest after lunch.

TIP 42: Don't forget your Kegels.

Kegel exercises strengthen the pelvic muscles and ligaments that support the pelvic organs. They can help you prevent or control urinary incontinence and other pelvic floor problems. Once you identify the correct muscles, make kegel exercises part of your daily routine.

TIP 43: Personal lubricant helps.

Even if you have never needed one before, you should consider using a personal lubricant in the early days of returning to physical intimacy. Over time, you may find you will not need personal lubricants depending on your hormonal situation, but they can be helpful initially when you might be nervous and newly healed.

Personal Lubricant: [🛒 hysterectomystore.com/genneve-personal-lubricant/](https://www.hysterectomystore.com/genneve-personal-lubricant/)

Intimate Moisture: [🛒 hysterectomystore.com/genneve-intimate-moisture/](https://www.hysterectomystore.com/genneve-intimate-moisture/)

TIP 44: Return to work carefully.

Exhaustion and fatigue will likely go with you as you return to work. Many women return to work part time for a week or two to ease back into their normal routine. Plan to take care of your body by supporting your lower back, changing positions frequently (at desk jobs), and taking breaks when needed. A lumbar support may be helpful in your office chair. You may want to set a timer to remind yourself to get up and take a water and bathroom break.

TIP 45: Never underestimate hormones!

Feeling emotional? Crying during commercials on TV? Whether or not you have your ovaries removed during your hysterectomy, your hormones can be affected by your hysterectomy. You may experience an emotional roller coaster after your hysterectomy that leaves you with mood swings, tears, depression, and more. Typically, your mood swings will level out. If you are still feeling overly emotional, talk to your surgeon at your post-op appointment.

TIP 46: Know menopause symptoms.

Keep track of any menopause symptoms you are experiencing in a diary to share with your doctor for potential menopause treatments including: hot flashes, night sweats, insomnia, fatigue, mood swings, depression, brain fog, vaginal dryness, aches and pains, bladder issues, intimacy concerns, and headaches. Whether or not you kept your ovaries, if you experience these symptoms, you can talk to your doctor about whether HRT is right for you.

TIP 47: It's normal to mourn.

As you are healing physically, you may need to allow yourself time to heal emotionally, too. The removal of your uterus - that once held babies - or refused to hold any - can be an emotional event. Our uterus is not what defines us as a woman, and yet the loss of the womb may affect us greatly. Give yourself permission to grieve the loss. You may even move through each stage of grief as you work your way through recovery. Feelings of sadness and loss are normal and should be acknowledged as such. But don't stay there. Do the necessary grieving to heal emotionally so you can move onward with your life.

TIP 48: Make new friendships.

Many women discover during their recovery period that they need a change in activities and friendships. Consider adding new friendships to your life. Sign up for community classes in painting, dance, or a new craft. Go to a local school and volunteer in the classroom, library, or cafeteria. Sign up for Zumba class or a local Camp Gladiator. Sign up for a book club. These days there is a community for almost any interest!

TIP 49: Manage stress.

Stress often comes from feeling out of control. Keep organized, keep well, simplify, and rest when necessary as you reorient yourself to the new you. Add walking to your daily routine as you increase your water intake. Make healthier choices at the grocery store. Keep to your schedule with a bedtime routine. Change your job or your career if your workplace is your source of stress. Go back to school to learn a new skill. Stress wreaks havoc on your body and is a good reason to take control by making some positive changes in the world around you.

Tip 50: Move forward with hope.

Looking ahead with our chin up, shoulders back, and face forward is the best way to move forward. Learn to rephrase any negative inner thoughts, and replace them with words of praise and gratitude. Consider starting a gratitude journal, writing three things a day you are grateful for. Surround yourself with people who encourage and uplift. Plan a trip from your bucket list. Schedule lunch with a friend who encourages you. Schedule lunch with a friend who needs your encouragement. And don't forget to be kind to yourself.

Lamentations 3: 22 - 23

The steadfast love of the Lord never ceases; his mercies never come to an end; they are new every morning; great is your faithfulness.

Happy healing!

Be kind to yourself.

Bluebird Sisters





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