NURSING CARE OF THE WOMAN UNDERGOING A Hysterectomy

PREOPERATIVE CARE
- Assess the woman’s understanding of the procedure. Provide explanation, clarification, and emotional support as needed. Reassure that the anesthesia will eliminate any pain during surgery and that medication will be administered postoperatively to minimize discomfort. The woman who understands the procedure to be performed and what to expect after surgery will be less anxious.
- Cleanse the abdominal and perineal area, and, if ordered, shave the perineal area.
- If ordered, administer a small cleansing enema and ask the woman to empty her bladder. This precaution helps prevent contamination from the bowel or bladder during surgery.
- Administer preoperative medications as ordered.
- Check the chart to ensure that the consent form has been signed.

POSTOPERATIVE CARE
- Assess for signs of hemorrhage. Hemorrhage is more common after vaginal hysterectomy than after abdominal hysterectomy.
- Monitor vital signs every 4 hours, auscultate lungs every shift and measure intake and output. These data are important indicators of hemodynamic status and complications.
- Once the catheter has been removed, measure the amount of urine voided.
- Assess for complications, including infection, ileus, shock or hemorrhage, thrombophlebitis, and pulmonary embolus.
- Assess vaginal discharge; instruct the woman in perineal care.
- Assess incision and bowel sounds every shift.
- Encourage turning, coughing, deep breathing, and early ambulation.
- Encourage fluid intake.
- Teach to splint the abdomen and cough deeply. Teach the use of the incentive spirometer.
- Instruct to restrict physical activity for 4 to 6 weeks. Heavy lifting, stair climbing, douching, tampons, and sexual intercourse should be avoided. The woman should shower, avoiding tub baths, until bleeding has ceased. Infection and hemorrhage are the greatest postoperative risks; restricting activities and preventing the introduction of any foreign material into the vagina helps reduce these risks.
- Explain to the woman that she may feel tired for several days after surgery and needs to rest periodically.
- Explain that appetite may be depressed and bowel elimination may be sluggish. These are aftereffects of general anesthesia, handling of the bowel during surgery, and loss of muscle tone in the bowel while empty.
- Teach the woman to recognize signs of complications that should be reported to the physician or nurse:
  a. Temperature greater than 100°F (37.7°C)
  b. Vaginal bleeding that is greater than a typical menstrual period or is bright red
  c. Urinary incontinence, urgency, burning, or frequency
  d. Severe pain
- Encourage the woman to express feelings that may signal a negative self-concept. Correct any misconceptions. Some women believe that hysterectomy means weight gain, the end of sexual activity, and the growth of facial hair.
- Provide information on risks and benefits of hormone replacement therapy, if indicated. If the ovaries have also been removed, the woman is immediately thrust into menopause and may want or need hormone replacement therapy.
- Reinforce the need to obtain gynecologic examinations regularly even after hysterectomy.
- Evaluate coping strategies and psychosocial support systems. Teach coping strategies if indicated. The possibility of surgery or cancer represents a crisis for the woman and her support system. Support groups can provide assistance for the woman through crisis intervention.

Sexual Dysfunction
The woman with DUB may be unwilling to express herself sexually, particularly if bleeding is frequent or heavy. Additionally, fatigue may prevent her from participating in sexual activity.
- Offer information about engaging in sexual activity during menstruation. Explain that conception is possible during this time and that orgasm may help relieve symptoms. Some women mistakenly believe that birth control measures are unnecessary during menstruation. Orgasm causes a release of tension and vascular congestion and frequently provides at least temporary relief of symptoms.
- Provide an opportunity for the expression of concerns related to alterations in lifestyle and sexual functioning. Some women have had a prolonged period of sexual abstinence related to DUB. Allowing women to verbalize concerns can assist them in working collaboratively with the health care provider to minimize the impact of illness and optimize function.
- Encourage frequent rest periods. This conserves energy and may allow sexual activities to resume.
- Provide information about alternative methods of sexual expression. Methods of sexual expression other than vaginal intercourse may satisfy the needs of both partners.

PRACTICE ALERT If the nurse is not comfortable with frank discussions about sexual activities, referral is indicated.

Home Care
Provide support, appropriate reassurance, and information to help the woman and her family better understand her disorder and the therapeutic interventions indicated. Teaching also includes self-care measures that help minimize the effects of DUB on the daily functioning of the woman. The following topics should be included.
- Administration and side effects of prescribed medications, including iron