Hysterectomy — vaginal approach

01 What is it?

A hysterectomy is the removal of the uterus. By the vaginal approach, it is carried out through the natural passages, with no incision of the skin. Sometimes, to make certain steps of the operation easier, a laparoscopy (keyhole surgery) may also be needed.

This sheet, given to you by Dr Gatri, is intended to add to the explanations given during your consultation. Do not hesitate to ask her if you have any questions.

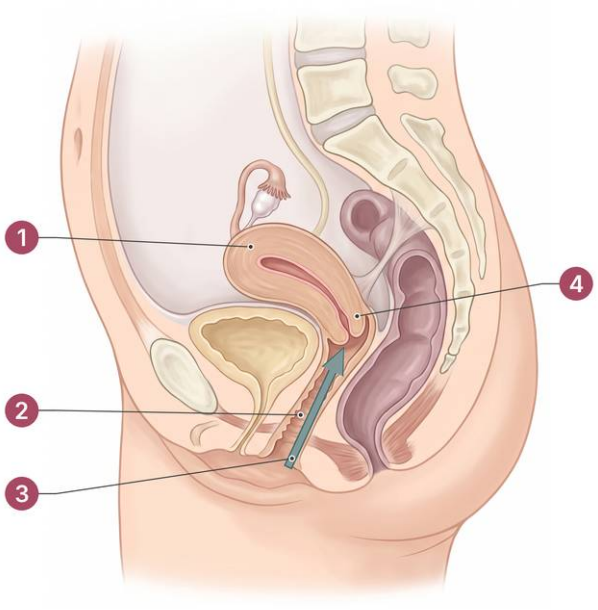


FIGURE 1 — The vaginal approach: through the natural passages, with no incision of the skin (diagram, side view).

1. Uterus
2. Vagina
3. By the vaginal approach, it is carried out through the natural passages, with no incision of the skin.
4. Cervix

Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

There are different types:

- total hysterectomy: the cervix and the body of the uterus are removed;
- hysterectomy with adnexectomy: the ovary or ovaries and the fallopian tubes are removed at the same time.

This sheet is based on the patient information sheet of the CNGOF "Hystérectomie par voie vaginale" (2017), adapted to the practice of the clinic.

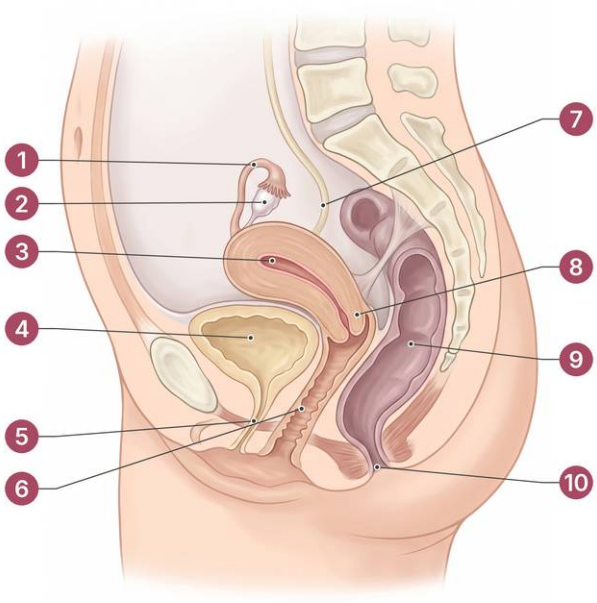


FIGURE 2 — The uterus and the neighbouring organs (diagram, side view).

1. Fallopian tube
2. Ovary
3. Uterus (removed)
4. Bladder
5. Urethra
6. Vagina
7. Ureter
8. Cervix

9 Rectum
10 Anus

Side view: the belly is on the left of the image, the back on the right.

Diagram Wagram Clinic, 2026.

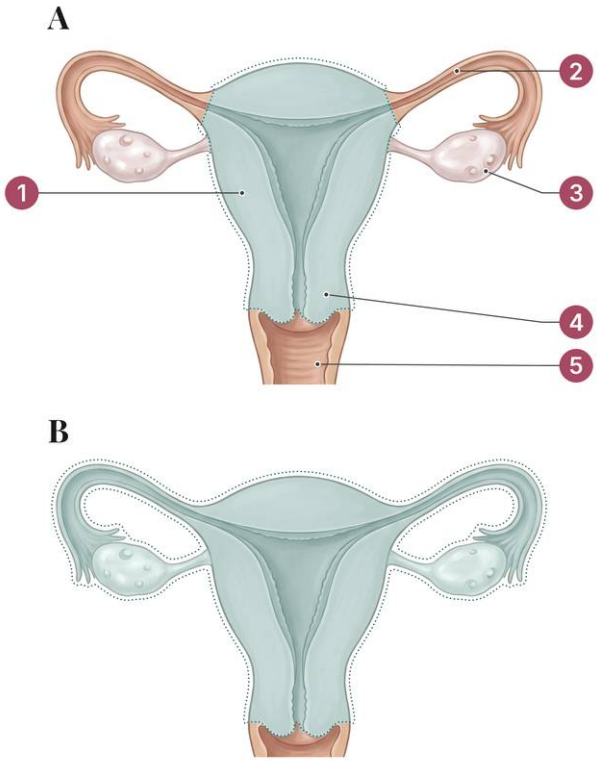


FIGURE 3 — The different types of hysterectomy: A, total; B, with adnexectomy (diagram, front view).

A — total: the cervix and the body of the uterus are removed

1 Body of the uterus
2 Fallopian tube
3 Ovary
4 Cervix
5 Vagina

B — with adnexectomy: the ovary or ovaries and the fallopian tubes are removed at the same time

In blue-green, outlined with dots: the part removed during the operation.

Front view: the right of the image is the patient's left side.

Diagram Wagram Clinic, 2026.

02 Why this procedure?

Your doctor has suggested this procedure and has explained its principles, benefits and drawbacks to you orally. The type of hysterectomy depends on your personal situation and is discussed with your surgeon before the operation.

03 How does the procedure take place?

The procedure is performed under general anaesthetic. It lasts about 1 hour 30 minutes.

The wound in the vagina is usually closed with stitches that dissolve on their own and needs no particular care. If a laparoscopy is also carried out, two or three small 0.5 cm incisions on the abdomen are each closed with a dissolvable stitch, soon left open to the air.

Exceptionally, a small drain, coming out through the abdomen or the vagina, may be left in place for 24 to 48 hours. A gauze vaginal pack may also be left in place for 24 hours to reduce the risk of bleeding.

04 What the procedure does not guarantee

A hysterectomy is a common, well-established procedure that is straightforward in the majority of cases.

The approach may be changed depending on what the surgeon finds during the procedure: an opening of the abdomen may sometimes be necessary although the procedure was planned by the vaginal approach.

05 Risks and complications

During the operation, exceptionally, organs near the uterus may be injured (bowel, urinary tract, blood vessels) and require specific surgical management. In the exceptional case of life-threatening bleeding, a transfusion of blood or blood products may be needed.

After the operation, your bowel movements may be delayed or slowed, which may cause discomfort, or even temporary pain.

If you have not reached the menopause, the procedure stops your periods and makes any pregnancy impossible.

If you have not reached the menopause and the ovaries are left in place, they continue to work until natural menopause: no hot flushes or other signs of menopause. If you have not reached the menopause and the ovaries are removed, the operation brings on menopause, with for example hot flushes; you can discuss hormone replacement therapy with your doctor. If you have already reached the menopause, there is no particular change after the procedure. If the ovaries have been removed, vaginal dryness is possible; lubricants or hormone replacement therapy, which your doctor can prescribe, can ease it.

In all cases, a hysterectomy changes neither the possibility nor the quality of sexual intercourse.

As with any surgery, this procedure may very exceptionally involve a risk to life or serious after-effects.

06 Alternatives

There are several types of vaginal hysterectomy, with or without removal of the ovaries and fallopian tubes. The type chosen depends on your personal situation and is discussed with your surgeon before the operation.

07 Contraindications

Certain risks may be increased by your condition, your medical history or a treatment taken before the operation. It is essential to tell your doctor about your personal and family medical history and about all the treatments and medicines you take.

Smoking increases the risk of complications of any surgery; stopping 6 to 8 weeks before the procedure removes this additional risk. If you smoke, talk to your doctor, your surgeon and your anaesthetist, or call Tabac Info Service on 3989.

08 Before the procedure

A pre-anaesthetic consultation is always carried out before the operation.

You are admitted on the day of the procedure. After premedication, you will be taken to the operating theatre; a drip will be put in, then the anaesthetic given.

09 After the procedure and your instructions

You will go to the recovery room before returning to your room. During the first 24 hours, you may feel a little more drowsy than usual and your judgement may be impaired. A urinary catheter is sometimes left in place for a few hours, or even 24 hours, but most often there is none.

Compression stockings will be recommended for the first few days, until you have regained normal mobility; while you are in bed, move your feet in circles for about 30 seconds several times a day. Daily anticoagulant injections may be prescribed, for up to about ten days depending on the case, in agreement with the anaesthetist.

As soon as you can drink and after passing some wind, the drip will be removed and you can eat lightly. Painkillers may be needed for the first few days, including after you return home. To avoid constipation, eat fruit and fibre.

Your hospital stay lasts 1 day.

You can shower from the day after the operation; avoid baths for 3 weeks.

Bleeding is possible for 1 to 2 weeks; passing small clots is not unusual and does not matter if it does not last. Use sanitary towels rather than tampons, which would increase the risk of infection.

Tiredness may last a few days, or even 1 to 2 weeks. Recovery is quicker the more active you stay. Return to work or sport depends on your activity; convalescence rarely exceeds 15 days.

The follow-up consultation takes place 3 to 4 weeks after the procedure. Sexual intercourse is allowed 4 to 6 weeks after the procedure, once the scar in the vagina is strong enough.

10 When to seek medical advice without delay

- Burning when passing urine or a frequent need to pass urine may be due to a urinary infection: see your GP for a urine test.
- Abnormal or foul-smelling vaginal bleeding, or a high fever, may be a sign of an infection or an infected haematoma: consult your surgeon.
- Nausea or vomiting with a fever: consult your surgeon.
- Pain in your calves or difficulty breathing: call your GP promptly.

11 Your questions for Dr Gatri

This information sheet probably cannot answer all your questions. In any case, do not hesitate to ask your doctor any question that comes to mind, either orally or in writing.