
Understanding Hysterectomy

What is Hysterectomy?

Hysterectomy is the surgical removal of a woman's uterus. The uterus is a muscular organ in the pelvis that holds and nourishes the developing baby during pregnancy. In labour, the uterus contracts to deliver the child. When a woman is not pregnant, the lining of the uterus, called the endometrium, is shed each month during menstruation. Women sometimes experience problems related to the uterus, such as pelvic pain, heavy bleeding, or uterine growths. Some of these conditions are benign (not cancer), while others are cancerous. Even benign uterine problems may cause substantial discomfort and affect your quality of life.

Uterine problems can be treated with medications or with various types of surgery, including hysterectomy. The choice of treatment depends on the nature and severity of your condition as well as your personal circumstances and preferences (e.g., desire to have children, its effect on your quality of life). Your doctor may suggest a hysterectomy if you've tried other treatments without success.

Who is it for?

Hysterectomy is generally the most appropriate treatment for cancer of the uterus. For other uterine problems, hysterectomy may be considered after other treatment strategies—such as medication or simple procedures—have failed or are unlikely to solve the problem. Here are some of the medical problems that a hysterectomy may solve:

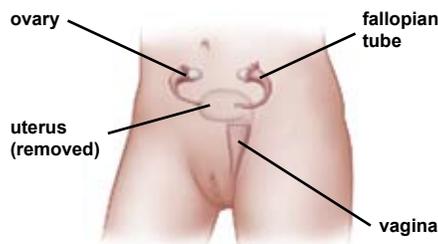
- **Uterine Fibroids:** These benign tumours in or on the uterus are very common, and may cause no symptoms at all. On the other hand, they may cause substantial pelvic pain, vaginal bleeding, or bladder pressure. Fibroids are sometimes treated with medications, uterine artery embolization (blocking the blood supply to the fibroids) or myectomy (removal of the fibroids). If troublesome fibroids recur or keep growing despite such treatments, a hysterectomy may be the best solution.
 - **Abnormal Uterine Bleeding:** If vaginal blood flow is heavy or irregular and cannot be controlled by medication or destruction of the endometrium, a hysterectomy will relieve the problem.
 - **Uterine Prolapse:** A weakening of the tissues and ligaments supporting your uterus can cause the uterus to descend (prolapse) into the vaginal canal. Weight loss, smoking cessation, treating constipation, pelvic floor exercises (Kegels), or use of a pessary (plastic device inserted in the vagina) may solve the problem. If not, a hysterectomy may be necessary.
 - **Endometriosis:** In endometriosis, the tissue lining the uterus grows in other parts of the pelvic area, such as on the ovaries, fallopian tubes, or outside the uterus. Endometriosis may cause no symptoms at all or various degrees of pain. If medication and uterus-preserving surgery fail, hysterectomy may yield satisfactory results for pain relief. Often it is recommended that the ovaries be removed at the same time. In five to 15 percent of cases, endometriosis persists even after a hysterectomy.
 - **Chronic Pelvic Pain:** Hysterectomy may be appropriate when the uterus or ovaries appear to be causing the pain. However, many forms of chronic pain can persist even after a hysterectomy.
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Types of Hysterectomy

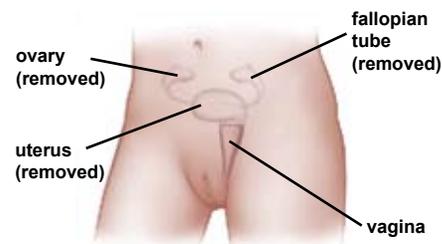
There are three categories of hysterectomy, classified according to how much tissue is removed during the surgery. They are:

1. Partial (subtotal) hysterectomy: This procedure removes the uterus but leaves the cervix in place. This means you may still need regular Pap tests, which can detect cervical cancer, as part of your ongoing care. There is no evidence to support the popular belief that retaining the cervix better preserves your sexual response.
2. Complete (total) hysterectomy: This procedure removes the uterus, including the cervix.
3. Radical hysterectomy: This procedure removes the uterus, cervix, lymph nodes and support structures surrounding the uterus. It is only performed to treat extensive cancer.

The ovaries and fallopian tubes may be removed at the same time as the uterus. This added procedure is called a salpingo-oophorectomy.



Complete or total hysterectomy



Total hysterectomy with ovaries and tubes removed

Surgical Methods

A hysterectomy can be performed in two ways: through an incision in your abdomen (abdominal hysterectomy) or through your vagina (vaginal hysterectomy). Sometimes, the doctor uses a laparoscope (a viewing device inserted through your navel) to guide the procedure. The method your doctor will choose depends on the reason for the surgery and the findings from your pelvic exam.

Abdominal Hysterectomy

Using a vertical incision or a horizontal bikini-line incision, the surgeon cuts through the skin and fascia (tough covering of the muscle) in your lower abdomen to reach your uterus. A vertical incision starts from just below your naval to just above your pubic bone. A horizontal bikini-line incision lies about an inch above your pubic bone.

The abdominal procedure yields a clear view of your uterus and other pelvic organs, and gives the surgeon more room to operate than the vaginal procedure. If you have large fibroids or if cancer is suspected, your surgeon may opt for this method.

Vaginal Hysterectomy

The surgeon reaches your uterus through your vagina by making a cut around the cervix. The uterus is then removed through the vagina. This method is best suited for benign conditions that don't cause significant enlargement of the uterus. Vaginal hysterectomy has less obvious scarring and a generally quicker recovery than abdominal hysterectomy. On the other hand, vaginal hysterectomy gives the surgeon less room to operate and no view of your pelvic organs.

Laparoscopy-assisted hysterectomy

To better view the inside of your abdomen during a hysterectomy, the surgeon may use a laparoscope which is a skinny tube that functions like a camera. A laparoscope is inserted at your navel into your abdominal cavity. Your abdomen will be filled with gas (like a balloon) to allow for your organs to be seen better. Sometimes the surgeon also makes one or two additional tiny incisions in your lower abdomen to insert other instruments to help with the surgery. In this method, the uterus can either be removed through the vagina or through a small abdominal incision.

Risks of Hysterectomy

Hysterectomy is generally safe. Like any major surgery, however, hysterectomy does carry a risk of complications. These include:

- Infection (wound, urinary tract, pneumonia) (three to 35 percent risk)
- Bleeding after or during surgery requiring a transfusion (three to seven percent risk)
- Thrombophlebitis (blood clots in the veins or lungs) (less than two percent risk)
- Damage to your urinary tract, bladder, or bowels during surgery that may require further surgery (one to two percent risk)
- Loss of ovarian function and onset of menopause
- Problems related to anesthesia
- Death (one in 2,000 cases)

Talk with your doctor about the risks of surgery as they apply to you.

What to Expect

Hysterectomies are most often performed under general anesthesia. This means you will not be awake during the procedure. The surgery itself lasts one to two hours, but you will spend time beforehand at the hospital getting ready to go into the operating room. You will probably go to the hospital on the day of your surgery and will be fasting. Before the procedure, you will have your blood and urine tested (this can be done days before), an intravenous (IV) fluid bag will be connected to your arm or wrist, your abdominal and pelvic areas may be shaved, and you may receive antibiotics to prevent infection. A catheter (thin tube) will be placed in your bladder to drain urine during and after the operation.

After surgery, you will remain in the recovery room for a few hours. The recovery room staff will monitor you for signs of discomfort and give you pain medication as needed. Pain medication is usually given by

needle or through an intravenous for one to two days following surgery and then you will be switched to pills. The day after surgery, the bladder catheter will likely be removed and you will probably be up and walking around. It is important to take short, frequent walks while in the hospital to prevent blood clots in your legs. If everything goes well, you will probably be discharged from the hospital two to five days after an abdominal hysterectomy and one to three days after a vaginal hysterectomy.

It is normal to have vaginal bleeding and discharge after the surgery and you may need to use sanitary pads for a few weeks. It may take four to six weeks for you to regain full strength and mobility after an abdominal hysterectomy. You may feel better sooner after a vaginal hysterectomy. Get plenty of rest while you're recuperating and avoid heavy lifting or sexual intercourse for at least six weeks after surgery. Your doctor may suggest other restrictions, but eventually you should be able to return to normal activities.

After hysterectomy, many women go through a period of grieving for the loss of their uterus. Some women may mourn the loss of their fertility. Others may believe, improperly, that they are no longer a "real woman." If you have persistent distress related to your hysterectomy, discuss your concerns with your healthcare provider.

How Hysterectomy Changes your Body

After hysterectomy, your periods will stop and you can no longer become pregnant. If you are premenopausal and your ovaries have not been removed, they will continue to produce and release eggs and hormones. Because the eggs are not fertilized, they will dissolve in the abdomen. In rare instances the ovaries stop functioning even if they have not been removed during surgery, bringing on menopause.

If your ovaries have been removed with the uterus and you have not yet reached menopause, you will go through what is called surgical menopause. You may develop menopausal symptoms (hot flashes, night sweats, dry vagina etc.). Short term treatment with the female hormone estrogen may help alleviate the symptoms if they bother you. If you have your ovaries removed at a young age, your doctor may suggest estrogen treatment until you reach a more typical age of menopause, to counteract your increased risk of osteoporosis (thin bones).

Hysterectomy and Sex

About 90 percent of women find their sexual response unchanged or even improved after hysterectomy. This improvement may reflect the fact that these women no longer have to worry about pregnancy or no longer have the pelvic discomfort that led to the surgery. A minority of women report a reduced sexual response after hysterectomy because they no longer experience uterine contractions when they have an orgasm.

If your ovaries were removed along with the uterus, you may experience vaginal dryness during sex. Moisturizers, lubricants (found in the feminine-products section of the drugstore) or vaginal estrogen (prescribed in a pill, ring or cream form) can help lubricate the area. Systemic estrogens (circulating through the body) may also help. These are prescribed in a pill, patch, gel or cream form.

Final Word

Hysterectomy is just one way to treat uterine problems. Before you decide whether it is right for you, find out as much as you can about:

- Your condition
- Other treatment options
- How hysterectomy may affect you
- What procedure is best for you

Having all the facts will help you make an informed decision about your treatment. Discuss all your options with your healthcare provider.

Mini-Glossary

- Complete hysterectomy: removal of uterus, including cervix
- Endometrium: tissue that lines the uterus
- Fallopian tubes: tubes through which an egg travels from the ovary to the uterus
- Fibroids: benign growths that form on or in the uterus
- Hysterectomy: surgical removal of the uterus
- Ovaries: two hormone-producing glands that contain and release the eggs
- Partial hysterectomy: removal of uterus but not cervix
- Prolapse: lowering of the uterus into the vaginal canal
- Radical hysterectomy: removal of uterus, cervix, lymph nodes and support structures

Further Information

The Mayo Clinic

<http://www.mayoclinic.com/invoke.cfm?id=HQ00905>

Canadian Health Network

<http://www.canadian-health-network.ca/servlet/ContentServer?cid=1001993&pagename=CHN-RCS%2FC HNResource%2FFAQCHNResourceTemplate&c=CHNResource&lang=En&repGroupTopic=Women+KS>



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