Hysterectomy

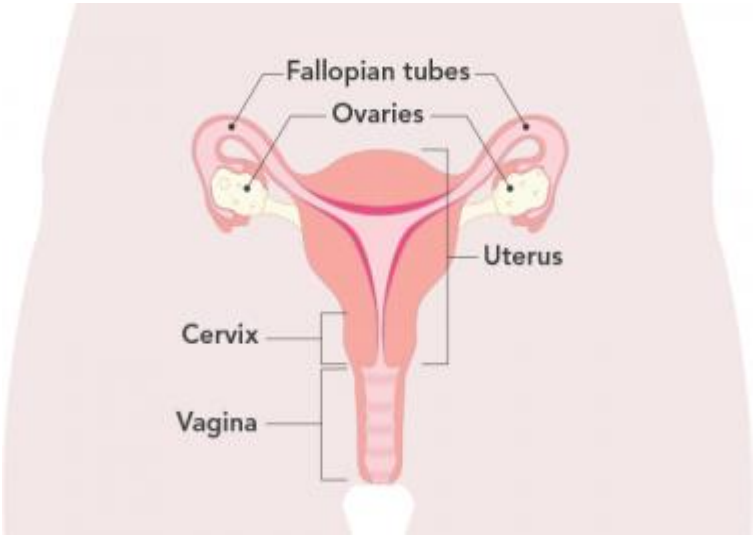
A hysterectomy is an operation to remove the uterus (womb). There are many reasons for having a hysterectomy including endometriosis, severe pelvic pain, heavy and/or continuous bleeding or cancer.

Except when there is cancer or uncontrollable bleeding, making the decision to have a hysterectomy can be difficult. Here is some information on what is involved in having a hysterectomy and questions you can ask yourself and your doctor if you are faced with this decision.

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb). The various types of operation are:

- A total hysterectomy means both the uterus and the cervix (neck of the womb) are removed, whilst the woman keeps her ovaries.
- If the ovaries are removed as well, this is called a hysterectomy with oophorectomy (removal of the ovaries).
- A subtotal hysterectomy means that the cervix is not removed.
- If a hysterectomy is required due to cancer or risk of cancer, it may also be recommended to take out the fallopian tubes (salpingectomy), due to some research suggesting ovarian cancer may sometimes begin in the tube.
- Removal of the fallopian tubes is increasingly being offered as standard in all hysterectomies and is something that you can discuss with your doctor.



Why a hysterectomy might be performed

- **Fibroids**
  A hysterectomy may be necessary if there are multiple fibroids, the uterus is enlarged or fibroids are growing rapidly.
- **Adenomyosis**
  A condition where cells similar to the lining on the inside of the uterus are also present in the muscle wall of the uterus causing heavy bleeding and/or pain.

- **Heavy or persistent bleeding**
  Various causes of heavy bleeding can result in a woman needing a hysterectomy.
- **Prolapse**
  A condition where there is weakness of the supports of the uterus and/or the walls of the vagina. Hysterectomy removes the prolapsing uterus, and additional surgery improves support to the vaginal walls.
- **Endometriosis**
  Endometriosis is a condition that occurs when cells similar to those that line the uterus are found in other parts of the body. If severe, a hysterectomy may be the best treatment, often with removal of ovaries and tubes to prevent recurrence.
- **Severe chronic pain**
  Various causes such as infection, endometriosis and adenomyosis can mean a hysterectomy is the best treatment.
- **Pelvic inflammatory disease (PID)**
  Sometimes caused by chronic infection of the fallopian tubes and pelvis, PID can mean hysterectomy is the appropriate treatment.
- **Cancer or pre-cancerous conditions of the cervix, uterus, ovaries or tubes**
  In many precancerous or cancerous conditions, hysterectomy is recommended.
- **Uncontrollable continuous uterine bleeding**
  This is rare but also makes a hysterectomy important to do as soon as possible.

Ways to perform a hysterectomy

There are different ways to perform a hysterectomy, and they can be done under spinal or general anaesthesia.

Abdominal	The surgery is performed via an incision in the abdomen
Vaginal	The surgery is performed via the vagina
Laparoscopic	The surgery is keyhole surgery. This is an examination using a thin telescope, performed under general anaesthesia. Through small cuts in the abdomen, the doctor is able to look at or operate on the pelvic organs, such as the uterus, ovaries and fallopian tubes.

The most appropriate method of hysterectomy depends on:

- The reason for the hysterectomy
- Individual factors such as general health; previous surgery; the size of the uterus; the desired method of hysterectomy
- The facilities/equipment and service available in the local/regional hospital

What are the risks and complications of hysterectomy?

The risk of complications is low for women having a hysterectomy.

Compared to abdominal hysterectomy, vaginal and laparoscopic hysterectomies have:

- lower risks of blood loss and infection
- shorter hospital stays
- shorter recovery times

In general, potential risks with any surgery include:

- blood loss requiring blood transfusion
- infection
- a blood clot forms in the deep veins of (usually) the lower legs, potentially travelling to the lungs (venous thromboembolism)
- complications from anaesthesia
- complications relating to certain medical conditions
- death

With pelvic surgery such as hysterectomy, there is a risk of damage to other pelvic organs such as bowel, bladder, ureter (the tube carrying urine from the kidneys to the bladder), nerves and blood vessels.

With laparoscopy, there is a risk of gas embolism (a bubble of the laparoscopic gas entering the circulation and blocking major blood vessels, with effects similar to a clot).

Studies have reported hysterectomy is associated with a small but significant increased risk of cardiovascular disease (including heart disease and stroke), regardless of whether the ovaries are retained.

What are the typical outcomes of hysterectomy?

Studies have shown that for many women, hysterectomy relieves symptoms, mood and quality of life. These positive outcomes do not depend on a particular surgical method. Often women say, “I wish I had done this years ago”.

Average time to full recovery after vaginal or laparoscopic hysterectomy can be three to four weeks, and five to six weeks after abdominal hysterectomy, but individual factors need to be taken into consideration.

A small number of women take longer to recover. This may be for many reasons including:

- Complications following the operation such as infection or bleeding
- Emotionally adjusting to the loss of your uterus and the ability to have a child
- Concerns about femininity and sexuality. Interestingly, studies have shown that hysterectomy does not have a negative effect on sexual function after hysterectomy and some women even find sexual function gets better.
- Hysterectomy may affect ovarian function, temporarily or permanently, which can lead to an earlier **menopause**.

For more information on recovery after hysterectomy go **here**.

Should you have a hysterectomy?

Unless there is an urgency to your situation, such as cancer or uncontrollable life-threatening bleeding, it is appropriate to take time making the decision. That decision is ideally made jointly by you and your doctor based upon severity of symptoms, childbearing plans, response to medical treatment, alternative options, and finally being sure that the risks of the procedure are outweighed by the expected benefits.

You should feel comfortable asking questions so that you make a fully informed choice.

It is also important to think about how you may feel about losing your uterus and whether you need support coping with those feelings.

It may help you to have a list of questions to be answered by your specialist. Taking questions with you, and being able to write down answers, will be helpful for both you and your doctor.

You may like to consider the following questions when thinking about whether or not to have a hysterectomy:

- What is/are the main reason(s) for me having a hysterectomy?
- Are there other options available that could be done instead of hysterectomy?
- Are there any other tests that may be needed before deciding about surgery?
- What are the potential benefits for me if I do have the hysterectomy?
- What are the potential risks for me if I do not have the hysterectomy?
- Would you recommend a vaginal, laparoscopic or abdominal hysterectomy? Could you explain why this is the best option for me?
- Will I keep my ovaries?

- Should I have my fallopian tubes removed?
- How long does the operation take?
- How long will I be in hospital and what should I expect?
- What is my expected recovery time?
- What are the potential risks of the surgery?
- What are the expected costs to me?

If your doctor has recommended hysterectomy, and you are still unsure, it is a good idea to have a further discussion with your specialist. Alternatively, you could seek a second opinion.

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