



A Woman's Guide to Hysterectomy



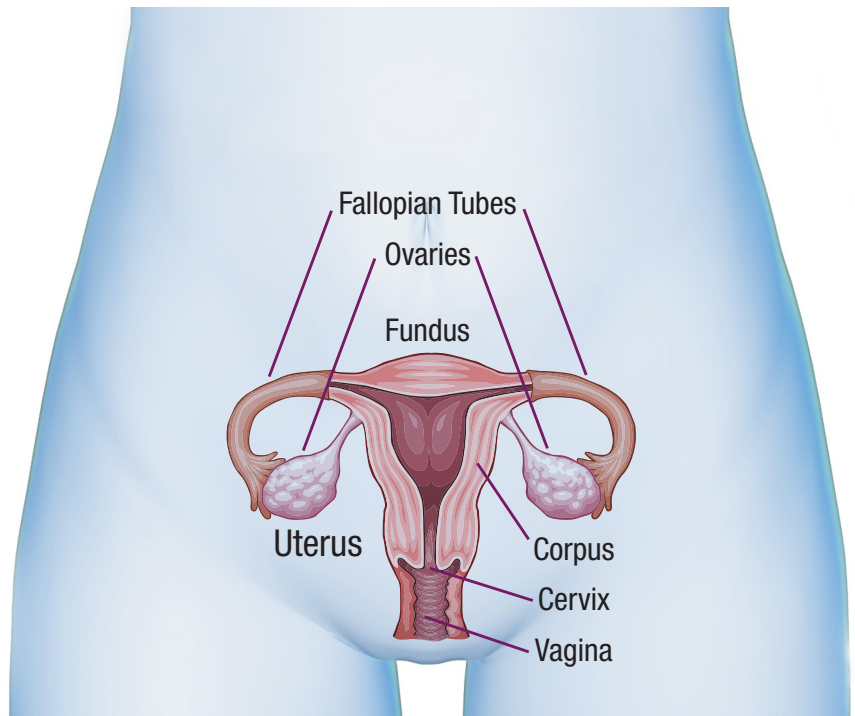
# Hysterectomy

A **hysterectomy** is a surgical procedure to remove a woman's uterus (womb). The uterus is the organ which shelters and nourishes a baby during pregnancy. The entire uterus (or a portion of it) may be removed during surgery. After undergoing a hysterectomy, a woman will no longer have menstrual periods and cannot become pregnant.

During a hysterectomy, a surgeon also may remove a woman's fallopian tubes and ovaries. The **ovaries** produce eggs and hormones (such as **estrogen** and **progesterone**). The **fallopian tubes** guide eggs from the ovaries into the uterus. The cervix is the lower end of the uterus that attaches to the upper part of the **vagina**. All of these female reproductive organs are located in a woman's lower abdomen.

**A hysterectomy is the second most common surgery among American women**, second only to childbirth by cesarean section delivery.<sup>1</sup> An estimated one-third of all U.S. women will have a hysterectomy by age 60.<sup>2</sup> From

2000–2004, about 3.1 million hysterectomies were performed (approximately 600,000 per year).<sup>3</sup>



<sup>1</sup> *Hysterectomy fact sheet*. (n.d.). Retrieved August 27, 2012, from womenshealth.gov: <http://womenshealth.gov/publications/our-publications/fact-sheet/hysterectomy.cfm>

<sup>2</sup> "Hysterectomy". Medline Plus; A Service of the U.S. National Library of Medicine – National Institutes of Health. Available from: <http://www.nlm.nih.gov/medlineplus/hysterectomy.html>

<sup>3</sup> Choosing the Route of Hysterectomy for Benign Disease, American College of Obstetricians and Gynecologists. Retrieved September 7, 2012, from the ACOG website at [http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Gynecologic\\_Practice/Choosing\\_the\\_Route\\_of\\_Hysterectomy\\_for\\_Benign\\_Disease](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Choosing_the_Route_of_Hysterectomy_for_Benign_Disease).



## Conditions Treated by Hysterectomy

A hysterectomy may be suggested by your physician if you have been diagnosed with any of the following conditions:

- Cancer of the uterus, cervix or ovaries
- Fibroids (growths found in and/or around the uterus)
- Endometriosis (a condition in which the uterine lining is found outside of the uterus) which is not cured by medicine or other surgical procedures
- Uterine prolapse (where the uterus descends down into and possibly out of the vagina)

- Adenomyosis (a condition in which the uterine lining grows into the uterine wall)
- Chronic pelvic pain which does not respond to other treatments
- Abnormal vaginal bleeding that persists despite treatment

Very rarely, hysterectomy is performed following a caesarean delivery, usually to control bleeding. While there are other methods physicians can use to control bleeding, hysterectomy is still needed for some women.

## Types of Hysterectomies

There are three types of hysterectomies:

- **Partial, subtotal or supracervical hysterectomy** removes just the uterus, leaving the cervix attached to the vagina.
- **Total hysterectomy** removes the entire uterus and the cervix.
- **Radical hysterectomy** removes the entire uterus, the tissue on both sides of the cervix and the upper part of the vagina. This type of hysterectomy is usually done when cancer is present.



# Surgical Options

There are several surgical techniques which can be used to perform a hysterectomy. Your surgeon will select the appropriate technique based on your medical history and the reason(s) for your surgery.

The techniques used to perform a hysterectomy are:

- **Abdominal hysterectomy:** Performed through a 5"-7" incision made in the lower part of the abdomen. The incision may go either up and down or across the belly, just above the pubic hair. This is also often referred to as an "open" hysterectomy.
- **Vaginal hysterectomy:** Performed through an incision made in the upper part of the vagina. The uterus is removed through the incision

and the vagina is then closed with stitches.

- **Laparoscopic hysterectomy:** A laparoscope is an instrument with a thin, lighted tube and tiny camera which allows a surgeon to view a woman's pelvic organs. The surgeon will usually make three or four small incisions in the abdomen to insert the laparoscope and other instruments. After the uterus and/or cervix are detached from the vagina, the surgeon will either remove the tissue through the vagina or through the incisions.
- **Laparoscopically-assisted vaginal hysterectomy (LAVH):** The surgeon performs the initial part of the hysterectomy laparoscopically while the remainder of the procedure is done

vaginally. He/she removes the uterus through the vagina.

- **Robotic-assisted hysterectomy:** Performed by a surgeon using a special machine (robot) to perform the surgery through small incisions in the abdomen, much like a laparoscopic hysterectomy. Though called a robot, the machine does not act on its own, but is an extension of your surgeon's hands. He/she controls the robot's actions, which translates his/her hand movements into small, precise movements of tiny instruments inside your body. The robot's camera and lighting system also provide your surgeon with a magnified, high-definition, three-dimensional (3D) view of the surgical field.

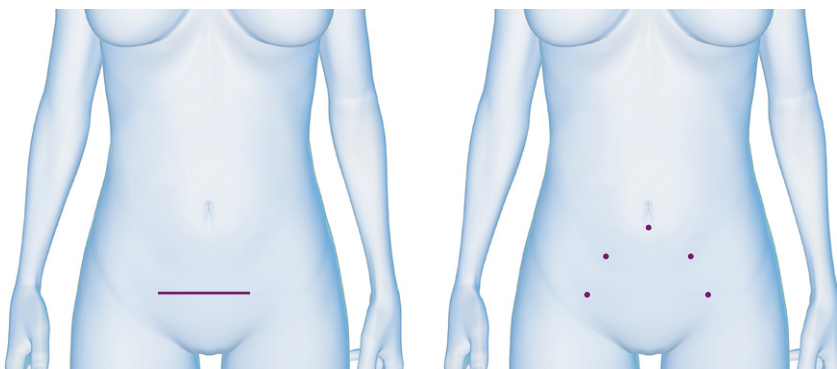


Figure 1: L to R: Abdominal vs. Robotic Hysterectomy Incisions

# Which Surgical Technique is Right for You?

The decision about which surgical technique is right for you is an important one. Your physician will take into account many factors before choosing which technique to use, including: your past medical history, previous surgeries, overall health status and anatomy.

The American College of Obstetricians and Gynecologists recommends that, when feasible, vaginal hysterectomy is the preferred technique because studies have shown it is the safest and least invasive route by which to remove the uterus.<sup>4</sup>

If your uterus is large or if you have internal scar tissue (adhesions) from a prior surgery or other gynecologic conditions, your doctor may choose to perform an abdominal hysterectomy.

Talk to your doctor about whether you may be a candidate for robotic-assisted minimally invasive hysterectomy. Robotic-assisted surgery offers many potential benefits over traditional abdominal (“open”) surgery, including:

- Reduced blood loss<sup>5</sup>
- Fewer complications<sup>5</sup>
- A shorter stay in the hospital<sup>5</sup>
- Minimal scarring of the abdomen<sup>6</sup>

Robotic-assisted minimally invasive hysterectomy also offers potential benefits over traditional laparoscopy, including:

- Reduced blood loss<sup>7</sup>
- A lower conversion rate to “open” surgery<sup>7</sup>

No matter which surgical technique your doctor chooses, it is important to remember that all surgical procedures involve some risk of complications. Before having any type of surgery, discuss all treatment options carefully with your physician. Understanding the risks of each treatment can help you and your doctor decide which option is best for you.

<sup>4</sup> *Choosing the Route of Hysterectomy for Benign Disease*, American College of Obstetricians and Gynecologists. Retrieved September 7, 2012, from the ACOG website at [http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Gynecologic\\_Practice/Choosing\\_the\\_Route\\_of\\_Hysterectomy\\_for\\_Benign\\_Disease](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Choosing_the_Route_of_Hysterectomy_for_Benign_Disease).

<sup>5</sup> Landeen LB, Bell MC, Hubert HB, Bennis LY, Knutsen-Larson SS, Seshadri-Kreaden U. Clinical and cost comparisons for hysterectomy via abdominal, standard laparoscopic, vaginal and robot-assisted approaches. *S D Med*. 2011 Jun;64(6):197-9, 201, 203 passim.

<sup>6</sup> Boggess JF, Gehrig PA, Cantrell L, Shafer A, Ridgway M, Skinner EN, and Fowler WC. A comparative study of 3 surgical methods for hysterectomy with staging for endometrial cancer. *Am J Obstet Gynecol* 2008.

<sup>7</sup> Payne, T. N. and F. R. Dauterive. A comparison of total laparoscopic hysterectomy to robotically assisted hysterectomy: surgical outcomes in a community practice. *J Minim Invasive Gynecol*, 2008;15(3): 286-291.

## Risks

Most women do not experience complications during or after surgery, but, as with all surgical procedures, there are risks associated with this procedure, including:

- Injury to other organs or structures (bowel, urinary tract, bladder, rectum or blood vessels)
- Early menopause (if ovaries are removed)
- Complications due to anesthesia (breathing or heart problems)
- Allergic reactions to medicines
- Blood clots in the legs or lungs (including deep vein thrombosis – DVT)
- Infection
- Heavy bleeding
- Death

## Recovery

Recovering from any surgical procedure takes time. Recovering from a hysterectomy is no different. Most women remain in the hospital for a day or two following surgery. The average time it takes to resume normal activities after a hysterectomy depends on the type of surgery performed.

If you had:

- **Abdominal surgery** – Recovery will take four to six weeks to heal.
- **Vaginal, laparoscopic or robotic-assisted surgery** – Recovery will take three to four weeks to heal.

You will be encouraged to walk around as soon as possible following surgery to prevent the formation of blood clots. You can expect to have some pain for a few days following surgery. You will receive medication to relieve pain. You may have bleeding and discharge from your vagina for several weeks. Sanitary pads may be used after surgery, but do not put anything in your vagina for six weeks following surgery unless instructed by your physician to do so. You should also not use douche solutions or tampons. Patients can begin taking tub baths and resume sexual intercourse six weeks after surgery. Patients recovering from a hysterectomy should get plenty of rest. Do not lift anything weighing more than 20-25 pounds for a full six weeks following surgery.



## Follow Up Care

Following a hysterectomy, your periods will stop. If the ovaries are left in place and you have not entered menopause, your ovaries will still produce estrogen (a hormone). Depending on your age, if your ovaries are removed, you will have symptoms caused by a lack of estrogen (menopause), including: hot flashes, vaginal dryness and sleep problems. You also may be at increased risk of having a fracture due to osteoporosis at an earlier age than women who go through “natural” menopause. Women who have intense menopausal symptoms can receive hormone replacement therapy. Talk to your doctor about your symptoms and whether hormone replacement therapy (HRT) is an appropriate treatment for you.

**Call (800) 237-8662 for more information or to schedule an appointment with a Summa physician.**

Women who have had a partial hysterectomy and did not have their cervix removed, as well as women who had a hysterectomy due to cancer, will still need regular Pap tests to screen for cervical cancer.

Ask your doctor how often you should have Pap test screenings. Even if you do not need Pap tests, all women who have had a hysterectomy should have regular pelvic exams and mammograms.



