

Hysterectomy

Public Education
Pamphlet



Hysterectomy: Surgical Removal of the Uterus

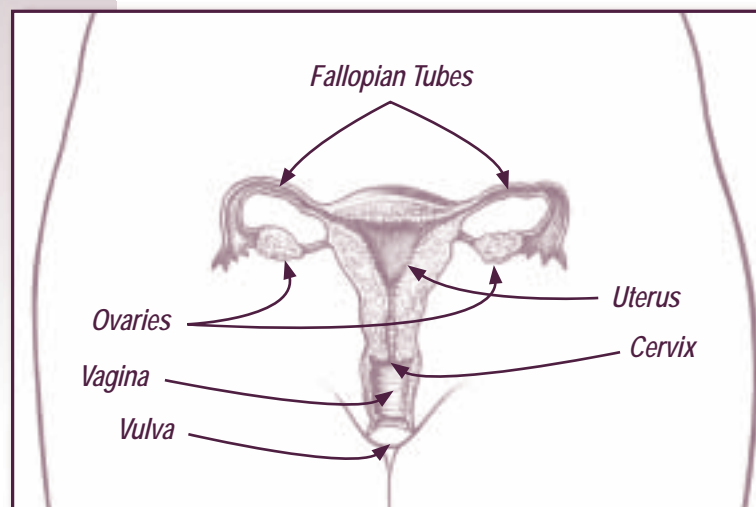
A hysterectomy is a major operation to remove a woman's uterus. It is carried out to treat various problems associated with periods, pelvic pain, tumours and other related conditions. The problem you are experiencing will determine what type of operation is required and whether the fallopian tubes, ovaries, and cervix will also be removed.

Before you decide what to do, it is important that you understand why your doctor has suggested this surgery and what your options are. If you are still having your periods, a hysterectomy will stop them and you will no longer be able to get pregnant.

Since this is a major operation, your doctor may suggest other medical treatments that should be tried first. You may also decide not to go ahead with the operation and live with the problem, but sometimes, there is no alternative. Some conditions which have no alternatives might include cancer, unbearable pain and bleeding.

Your Doctor Might Suggest a Hysterectomy If You Have:

- **Uterine Fibroids (myomas):** These are non-cancerous tumours of different sizes that usually shrink after menopause. Fibroids are common and normally don't need treatment unless they cause symptoms. However, larger fibroids can press against the pelvic organs and may cause bleeding, pain during sex, anaemia, pelvic pain, or bladder pressure. This is the most frequent reason for a hysterectomy.



- **Endometriosis:** When the tissue lining the uterus grows outside of the uterus and onto surrounding organs, it can cause painful periods, abnormal vaginal bleeding, scarring, adhesions, and infertility (difficulty getting pregnant). It is the second most common reason for women to have a hysterectomy.
- **Uterine prolapse:** The uterus moves down into the vagina because the tissues that hold the uterus in place weaken. The condition may lead to urinary incontinence (problems holding your urine), pelvic pressure or difficulty with bowel movements. Childbirth, obesity, persistent cough or straining, and hormonal changes (loss of estrogen after menopause) are typical causes.
- **Pelvic Pain:** There are many causes and symptoms (ex: painful periods and intercourse) of pelvic pain, and not all can be successfully treated with a hysterectomy. That is why it is important to carefully diagnose the problem and try other treatments first. Endometriosis, fibroids, adhesions, infections or injury may be a few causes of pelvic pain.
- **Abnormal Uterine Bleeding:** Common causes are hormonal imbalances, fibroids, polyps, infections of the cervix and cancer. Related symptoms may include heavy or long periods, bleeding between periods or bleeding after menopause. Other surgical or medical approaches can treat the condition successfully - discuss your options with your doctor.

- **Cancer:** Depending on its extent, endometrial cancer (cancer of the lining of the uterus), cervical cancer and cancer of the ovaries or fallopian tubes often require a hysterectomy to stop it from spreading to other organs.

How Do I Prepare for the Hysterectomy?

- You may need to have some tests done such as blood work, urine tests, x-rays, ultrasounds and an electrocardiogram (ECG) before your surgery.
- You may be prescribed antibiotics or laxatives to take in advance.
- Most hospitals will ask you to check with their admitting department to find out what time you should come to the hospital on the day of your operation.
- Shower or bathe the night or morning before the operation.
- Do not eat or drink (even water) after midnight on the night before the operation.

Your doctor may also have additional instructions for you.



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Types of Hysterectomies

As mentioned before, a hysterectomy is an operation to remove the uterus. Sometimes, other organs that surround the uterus are also removed to properly treat your condition. These organs include the cervix, the fallopian tubes and the ovaries. Your medical history and the reason for the operation will shape the doctor's decision as to which type of hysterectomy is best for you:



A complete or total hysterectomy removes the uterus, including the cervix. The name is confusing because it does not remove "everything". In fact, the ovaries and fallopian tubes remain. This is the most common type of hysterectomy.



A partial or subtotal hysterectomy only removes the upper part of the uterus and leaves the cervix and other organs in place.



A radical hysterectomy removes the uterus, the cervix, the upper part of the vagina, supporting tissues and usually the pelvic lymph nodes. This operation is usually performed to treat cancer.

In addition to the hysterectomy, you may need to have one or both ovaries removed. This is called a salpingo-oophorectomy. It involves removing the fallopian tube and ovary on one side (unilateral) or both sides (bilateral) of the uterus. This is done mostly in cases of cancer, infection or adhesions. In general,

the ovaries and fallopian tubes are left in place unless something is wrong with them. Discuss your options with your doctor.

How Is the Operation Done?

The uterus can be removed through a cut in the vagina (vaginal hysterectomy) or in the abdomen (abdominal hysterectomy), depending on the reason for the surgery.

Vaginal Hysterectomy - This is the removal of the uterus through the vagina. This method is often used for uterine prolapse, early cervical cancer, and in cases where the uterus is not enlarged. It causes less pain and results in faster recovery of day-to-day activities than abdominal hysterectomy.

A laparoscopic hysterectomy might be used in combination with the vaginal hysterectomy. This allows the uterus to be detached from inside the body by laparoscopic instruments (tiny instruments passed through small cuts into the abdomen) while the doctor looks at the pelvic organs through a camera attached to a telescope. After the uterus is detached, it is removed through a small cut at the top of the vagina.

Abdominal Hysterectomy - This method is usually chosen for large pelvic tumours, adhesions or cancer. The uterus is removed through a 15-20 cm-long cut (6-8 inches) in the abdomen, either as a midline or bikini cut. An abdominal hysterectomy is associated with a longer hospital stay and recovery time, as well as greater discomfort following the operation.

What Are the Risks?

Although a hysterectomy is a safe operation, there still remains a small risk as with all operations. Safety

measures are taken and you are monitored throughout the operation to reduce potential risks. Although rare, severe complications and even death can occur.

Complications could include:

- Problems related to the anaesthesia (drugs that reduce the pain during the operation)
- Blood clots in the veins (DVT: deep-vein thromboses) can break off and travel to the lungs.
- Infection
- Bleeding
- Injury to internal organs (urinary tract, bladder or bowel) and the skin
- Loss of ovarian function.

What Happens After the Operation?

After the operation, you will need to stay a few days in the hospital to recover. The time spent depends on the type of operation you had and your progress.

Your doctor might prescribe antibiotics to prevent infections, as well as pain medication.

Complete recovery from abdominal hysterectomy usually takes 6-8 weeks. During this time, you can slowly increase the level of your activities – but don't overdo it! Listen to your body and do everything in moderation.

Get plenty of rest and avoid lifting during the first two weeks. You can then begin to do light chores, some driving, and even return to work as long as your job does not involve too much physical activity. Once the bleeding, pain and abdominal pressure have stopped, you can resume normal activities. Around the sixth week following the operation, you can take baths and resume sexual activity, but demanding exercises should be put off until 3 months after your operation.

Women who have had a vaginal hysterectomy generally recover more quickly and are able to resume their activities earlier than women who have undergone an abdominal hysterectomy.

What Will Change?

If a woman hasn't already been through menopause, her periods will stop after the hysterectomy. She can no longer get pregnant. If the ovaries are removed, she might go through distressing menopausal symptoms (hot flashes, mood swings, sleep disturbance, vaginal dryness etc). This may cause more severe symptoms than a natural menopause.

Some women have also reported a decrease in sexual pleasure with the removal of the cervix but this has not been scientifically proven. In fact, most women report either an increase in sexual pleasure or no change at all.

Call your doctor or go directly to hospital if you have:

- Heavy vaginal bleeding
- Fever: temperature of 38° Celsius (101° Fahrenheit) or higher
- Any urinary incontinence (urine leaking or dripping) or painful urination
- Severe vaginal, abdominal, leg or chest pain
- Wound draining, discharge, opening, inflammation or swelling
- Persistent nausea and vomiting
- A swollen abdomen or if you are no longer able to pass gas
- Shortness of breath

Final Thought

A hysterectomy is a major decision that you should take after careful consultation with your doctor. You should understand the reason for the operation, the benefits and risks and the alternatives to a hysterectomy. If you are unsure, discuss the issue with your doctor or obtain a second opinion.

Glossary

Adhesions: Scar tissue that attaches to organs

Cervix: Lower end of the uterus

Fallopian Tubes: Carry eggs from the ovaries to the uterus

Ovaries: Organs that release eggs and hormones

Urinary Incontinence: Problems holding urine (sudden or involuntary leakage of urine)

Uterus (or Womb): Where the baby grows when a woman is pregnant.

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