Hysterectomy

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb). It may be recommended as a treatment for troublesome periods, some types of pelvic pain, or if the uterus is very enlarged by fibroids. Hysterectomy is also offered to treat some forms of prolapse (dropped womb) and for cancers.
After a hysterectomy, there is no chance of pregnancy and periods will stop. Pain that has been caused by the uterus will go away but pain that has been coming from the bowel or ovaries (if left) won't be improved.

Usually the cervix (neck of the womb) is removed at the same time (total hysterectomy).
This would certainly be advised for a woman who has had abnormal smears in the past. Sometimes fibroids or internal scar tissue near the cervix can make it technically difficult to remove the cervix without damaging the bladder or causing bleeding.
If this happens your surgeon may perform a sub-total hysterectomy, leaving the cervix behind. This would also relieve heavy periods but you would need to keep going with routine cervical smears.
It was previously suggested that keeping the cervix is better for sexual function but there is no evidence to support this, and good evidence to against it.

What about the ovaries?

The ovaries usually sit one on each side of the uterus.
They can often be removed at the same time as the uterus without making the operation more complicated. Removal of the ovaries is called oophorectomy.

Removing the ovaries brings on the menopause straightaway for women still having periods. This might cause hot flushes and sweats for some months and increases the risk of osteoporosis (brittle bones). These complications can be prevented by taking hormone replacement oestrogen (H.R.T.). This is recommended until at least the age of 50-51 when the natural menopause would occur. Taking H.R.T. like this is only replacing what the body would have been making anyway. It is not the same as taking H.R.T. at older ages where there may be a small increased risk of breast cancer with use for more than 5 years.

If the ovaries have been removed there is no risk of them becoming cancerous later on in life.

If the ovaries are left behind they may still fail early and stop producing oestrogen hormone sooner than if the woman hadn't had a hysterectomy.
An early menopause could still be treated with H.R.T.
While the ovaries are still producing hormones any cyclical symptoms of premenstrual syndrome (P.M.S.) or pain may keep going even though the uterus has been removed.
The steady hormone dose from H.R.T. is less likely to cause P.M.T. or problems with endometriosis than natural hormone fluctuation.

There are advantages and disadvantages to keeping or removing the ovaries.
You will be able to talk with your doctors about the best thing for your individual situation.

How is the hysterectomy operation done?

There are three main ways of doing a hysterectomy. The technique you are offered will depend on how big the uterus is, whether you have had previous surgery and whether you have endometriosis, a prolapse or an ovarian cyst.

Abdominal hysterectomy

The uterus is removed through a cut in the abdominal wall. This will usually be a bikini line incision but may be 'up & down', particularly if the uterus is enlarged.
The clips or stitches come out after 5-7 days.

Vaginal hysterectomy

The uterus is removed through the vagina without any stitches on the abdominal wall.
This is the method you are likely to be offered if you have a prolapse. It can sometimes be more difficult to remove the ovaries this way. The internal stitches dissolve on their own.

Laparoscopic Hysterectomy

Some of the operation is done through three keyhole incisions on the abdominal wall and then the uterus is removed through the vagina. All the stitches are dissolvable.

On rare occasions a vaginal or laparoscopic hysterectomy is planned but technical difficulties, due to scar tissue for example, mean that the operation has to be done as an abdominal hysterectomy.

The operations are done under general anaesthetic and usually take an hour to an hour and a half.

You would see the ward nurses, a junior doctor, your surgeon and the anaesthetist on the day before the operation and be able to ask any questions about your treatment and hospital stay. You will also be sent some information about the ward before you come in.

Risks

All operations have some degree of risk involved and his is when problems occur during or after the operation. The majority of women are not affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding, infection or developing a blood clot, usually in a vein in the leg (deep vein thrombosis, DVT).

Bleeding after hysterectomy occurring during the first 24 hours is called a primary haemorrhage and occurs if a ligature has slipped. Secondary bleeding after hysterectomy can occur about 10 days after surgery if the wound has become infected and eroded a vessel, usually quite a small one, but sometimes a larger one. One of the purposes of monitoring a patient immediatelay after an operation is to watch for primary haemorrhage by regularly recording the pulse and blood pressure.

Specific complications of hysterectomy are uncommon but can include damage to other organs and tissues in the abdomen, particularly the bladder and ureters (tubes that carry urine from the kidneys to the bladder). Further treatment such as returning to theatre to stop bleeding or to repair a damaged organ, antibiotics to treat an infection, or a blood transfusion to replace lost blood may be needed.

The urinary tract (bladder and ureters) are closely related to the uterus and may be damaged. The bowel is normally free from the uterus but may be adherent to it if there has been infection, endometriosis or previous surgery.

Infection in the urinary tract is a relatively common complication requiring antibiotics.

The risk of DVT is reduced by the use of blood thinning injections when in hospital and surgical stockings and early mobilisation

Bladder symptoms are quite common following hysterectomy. Antibiotics will help if there is infection and irritability and urgency will settle but you should try to hold on and aim for 3 – 4 hours between going to the toilet if drinking normally. Pelvic floor

exercises should be undertaken starting about two weeks after the operation.

Convalescence

Women having a hysterectomy for period problems usually stay in hospital for 1-4 nights after the operation. Most people are up and 'pottering about', although very easily tired, by the time they go home. It is fine to go back to driving after 4 weeks if your insurance allows and to have intercourse again after about 4-5 weeks if all is well. Heavy lifting should be avoided for 2-3 months and many people return to work after 6-12 weeks depending on the type of job that they do and the type of hysterectomy they had.

A hysterectomy is a major operation but many women find that the time needed for convalescence is easily outweighed by the better lifestyle they have once they are free from period problems.