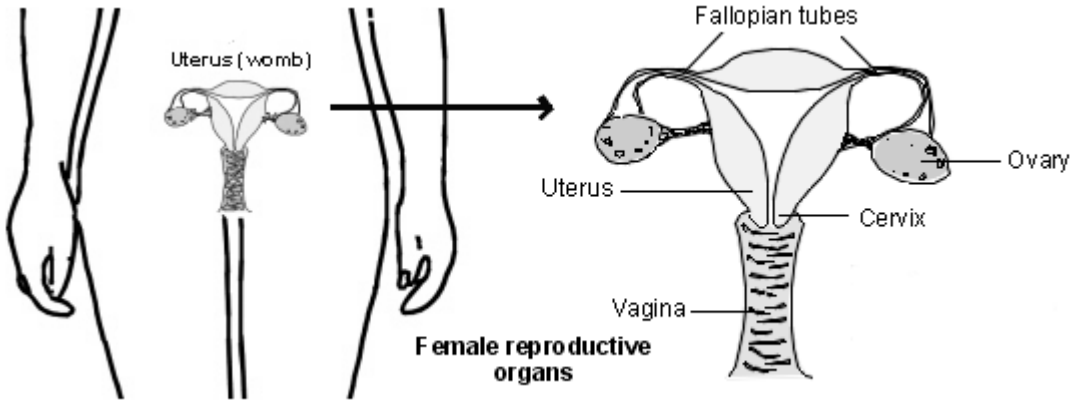
Hysterectomy

Hysterectomy is the operation to remove the uterus (womb). It may be advised for a number of reasons. This leaflet gives a brief overview of the operation. You should discuss with your doctor any concerns before you have a hysterectomy.

What is hysterectomy?

The female reproductive organs are made up of a uterus (womb), vagina, fallopian tubes and ovaries. The uterus is about the size of a pear. It is made of special muscle and lies in the pelvis between the bladder and rectum. Hysterectomy means removal of the uterus by an operation.



Some reasons why a hysterectomy is recommended

- **Heavy or very painful periods**. In some women, day-to-day life is made difficult because of heavy periods. Sometimes the heavy bleeding can cause anaemia. Various medicines may help to ease heavy periods. However, if they don't work, hysterectomy is an option for treatment.
- **Fibroids**. These are swellings of abnormal muscle that grow in the uterus. Fibroids are common and often do not cause any symptoms. However, in some women they can cause heavy or painful periods. Some fibroids are quite large and can press on the bladder to cause urinary symptoms.
- **Prolapse**. This is where the uterus, or parts of the vaginal wall, drops down. This may happen after the menopause when the tissues which support the uterus tend to become thinner and weaker.
- **Endometriosis**. This is a condition where the cells which line the uterus are found outside the uterus in the pelvis. This can cause scarring around the uterus, and may cause the bladder or rectum to 'stick' to the uterus or fallopian tubes. Endometriosis may cause only mild symptoms, but some women develop painful periods, abdominal pain or have pain during sex.
- **Cancer**. Hysterectomy may be advised if you develop cancer of the cervix, uterus, fallopian tubes or ovaries.

For most of the conditions mentioned above (apart from cancer), hysterectomy is usually considered a last resort after other treatments have failed. The decision to have a hysterectomy should be shared between you, (your partner) and your doctor.

Before a hysterectomy, make sure that any questions or worries you have are dealt with. For example, the following three questions are common and only you or your doctor will be able to answer:

- Are there any other alternative treatments that have not been tried?
- Are my symptoms and problems severe enough to need a hysterectomy?
- Do I still want to have children? (If you are considering hysterectomy before the menopause).

What kinds of hysterectomy are there?

There are different types of hysterectomy operations:

- **Total hysterectomy** is the operation in which your uterus and cervix are removed. The ovaries are usually left. However, if they are removed this is called a bilateral salpingo-oophorectomy (BSO).
- **Subtotal hysterectomy** is when your uterus is removed but the cervix is left.
- **Radical hysterectomy** (also called Wertheim's hysterectomy) is when the whole womb, cervix, fallopian tubes and ovaries, part of the vagina and lymph glands are removed. This operation is done for cancer.

The uterus may be removed either through a cut in the abdomen (usually leaving a scar in the bikini area) or through the vagina, which means you will not have a visible scar. Sometimes the hysterectomy is done by removing the uterus through the vagina and also with using keyhole surgery. Small cuts are made in the abdomen for tools and a telescope to pass through, which help to free the uterus, making it then easier to remove through the vagina. It is worth discussing the way the operation is to be done with your gynaecologist.

Will my ovaries be removed?

Your doctor may remove your ovaries at the same time. The decision to remove your ovaries depends on the reason for doing the hysterectomy. You should discuss the pros and cons of removing the ovaries during a hysterectomy with your gynaecologist. Current recommendations are that removal of healthy ovaries at the time of hysterectomy should not be undertaken.

Removing the ovaries at the time of hysterectomy reduces the risk of ovarian cancer. However, women who have had their ovaries removed have also been found to have an increased risk of developing heart conditions (like angina).

If your ovaries are removed, you may be advised to take hormone replacement treatment (HRT) as once your ovaries are removed you will go through the menopause. If you are under 50 years old and have your ovaries removed then you should discuss with your doctor about taking HRT. All women under the age of 50 years benefit from taking HRT without being exposed to the risks of HRT (any risks of HRT are only relevant for women over the age of 50 years).

If your ovaries are not removed, you still have a 1 in 3 chance of going through the menopause within two years of having the hysterectomy. If you experience symptoms which may be related to the menopause, for example hot flushes, mood swings, etc then you should discuss these symptoms with your doctor.

Will having a hysterectomy affect my sex life?

Removing your uterus should not stop you having a good sex life after the operation. In fact, many women report an improvement in their sexual pleasure after having a hysterectomy. This may be because the reason for having a hysterectomy (pain, prolonged heavy

bleeding, etc) is removed. However, some women feel that a hysterectomy impairs their sex life. In particular, some women feel that their orgasm is different after a hysterectomy or even have difficulty reaching orgasm. Having a hysterectomy should not affect your sex drive (libido) unless your ovaries are also removed.

See the paper by Roovers (cited at the end) and the large amount of correspondence that this paper received to get a flavour of the issues and opinions surrounding the topic of sex following a hysterectomy.

You can usually begin to have sex again about 6 weeks after the operation. You obviously will no longer need to use any form of contraception after a hysterectomy.

How will I feel straight after the operation?

You will be given strong painkillers for the first few days, both whilst in hospital and also to take home with you. You will be able to eat and drink within a few hours of having the operation. You are likely to have a catheter (a thin tube going into your bladder which drains urine) in for a couple of days or so. It is very common to have some light bleeding from the vagina, which can last for up to six weeks. If you have any stitches then they are usually removed between 5 and 7 days after your operation.

How long will it be before I can return to normal?

This varies from person to person. Recovery is usually faster if you have had the hysterectomy through the vagina. You are likely to need to rest more than usual for a few weeks after the operation. You are likely to be recommended to do light exercise and gradually build up the amount of exercise you do. Full recovery commonly takes around 6-8 weeks but it is not usual for women to take three months until they feel fully back to normal.

You should not drive until you are safe to do an emergency stop; this is usually around six weeks after the operation but you should check with your insurance company. The time before you can return to work will depend on your job. You can discuss this with your doctor or gynaecologist.

Will I still need to have cervical screening tests?

Most women no longer need to have cervical screening tests after a hysterectomy. However, if you have had a subtotal hysterectomy or a hysterectomy because of cancer then you may be advised to continue having cervical screening tests. Your doctor will advise you about this.

Further help and information

Hysterectomy Association
Prospect House, Peverell Avenue East, Poundbury, Dorchester, DT1 3WE

Tel (helpline): 0844 3575917 Tel (office): 01305 755607
Web: www.hysterectomy-association.org.uk
Aims to provide clear, concise information about hysterectomy and related issues for women undergoing, or planning to undergo, surgery. The intention is to ensure that women make informed choices about their surgery.

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- Heavy menstrual bleeding, NICE Clinical Guideline (January 2007)
