

HYSTERECTOMY



WAGynaeScope

Q: What is an abdominal hysterectomy?

A: An abdominal hysterectomy is an operation to remove a woman's uterus (womb) through a cut on the abdomen.

There are three types of hysterectomy. Which one you have will depend on your circumstances. Your surgeon will talk to you about the most appropriate operation for you.

Sub-total hysterectomy - only the uterus is removed; the cervix (neck of the womb) is left in place. There are several potential benefits from leaving the cervix in place:

- The operation is easier and quicker.
- The risk of damage to your bladder or ureters (tubes from your kidney to your bladder) during the operation is lower.
- The risk of you suffering a prolapse of the vagina in the future is reduced.
- You will lose less blood during the operation.
- You are likely to spend less time in hospital.
- You are less likely to develop a fever after your operation.

There are, however, some possible disadvantages:

- You may still experience spotting every month - this occurs in about 6% of women.
- The cervix is a potential site for cancer in the future and you will still need regular smears.

Total hysterectomy - both the uterus and the cervix are removed.

Total hysterectomy with bilateral salpingo-oophorectomy - the uterus, cervix, fallopian tubes and ovaries are all removed. Your surgeon will be able to discuss with you the advantages and disadvantages of removing your ovaries or leaving them in.

Q: Why is a hysterectomy necessary?

A: There are many reasons why your doctor might have recommended a hysterectomy. The main reasons include:

- Period problems such as heavy or irregular periods.
- Fibroids.
- Suspected or proven cancer of the womb or cervix.

Alternative treatments:

Depending on your circumstances, you may have been advised on alternative treatments first, such as drugs or less invasive surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors. Your surgeon will discuss this with you.

Q: What are the consequences of a hysterectomy?**A: If you have a hysterectomy:**

- You will not be able to get pregnant.
- You will no longer have monthly periods.
- You will not need to use contraception.
- It may be part of a continuing treatment or it may mean the end of a health problem.

A hysterectomy does not:

- Cause premature ageing.
- Mean becoming less of a woman or losing your sex drive.

The benefits of hysterectomy:

- Overall, over 90% of women who have a hysterectomy are satisfied with the operation.
- The benefits of hysterectomy depend on the type and severity of problems that you are having. Problems such as heavy periods will be cured by total hysterectomy. Other problems such as pelvic pain may not be improved or cured by hysterectomy however.
- Your surgeon will discuss with you the chances of a hysterectomy leading to cure or improvement in your condition. You should weigh this against the severity of your condition and other available treatments.

You should also consider the risk of not having the operation.

Risks of hysterectomy:

Most operations are straightforward and without complications however there are risks associated with all operations. You need to be aware of these when deciding the right treatment for you.

Serious risks are:

- **Damage to the bladder** or one of the tubes which drain the kidneys (the ureters). 1 in 150 women.
- **Damage to the bowel** (very rare - 1 in 2500 women).
- The risk of damage to surrounding organs is higher in women who have had previous operations such as caesarean sections, or

women with endometriosis. If such damage occurs, you may need an additional operation which was not planned. This happens in about 1 in 500 women.

- **Excessive bleeding** - this may occur during the operation (about 1 in 50 women) or after the operation (1 in 75 women) requiring a blood transfusion or return to theatre.

If you do not wish to have a blood transfusion under any circumstances, please discuss this with the surgeon.

- **Deep vein thrombosis (DVT)** - this is the formation of a blood clot in a leg vein. This occurs in 1 in 250 women. A clot can then move to the lungs and cause a very serious condition called pulmonary embolism. We will give you preventative treatment to reduce the risk of DVT.
- **Infection** - rarely, may occur inside the abdomen or pelvis (1 in 500 women).

More frequent risks:

- **Infection** - which may affect the wound, bladder or lungs or develop around the operation site internally. Most infections can be easily treated with antibiotics but others can be more severe.
- **Bleeding** - After the operation you may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons.
- **Pain relief** - Most people experience some pain or discomfort for the first few days and we will offer painkillers to help with this. The anaesthetist will talk to you about pain relief before your operation.

Although hysterectomy is a relatively safe operation and serious side effects are not very common, it is still major surgery. You and your doctor together must weigh the benefits and risks of surgery, giving consideration to alternative treatments.

After the operation:

When you return to the ward, you are likely to be very sleepy for the rest of the day. There may be a catheter in your bladder, which will be removed within a day or two.

Bleeding: After the operation you may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons.

Pain relief: Most people experience some pain or discomfort for the first few days and we will offer you painkillers to help with this. The anaesthetist will talk to you about pain relief before your operation.

Sex after hysterectomy: There may be a change in sexual response after hysterectomy. For many women this area of their life is improved because there is no longer discomfort or the risk of pregnancy. We advise that you avoid penetrative intercourse for about 6 weeks, until you've had your check-up with your doctor.

If your ovaries are removed, vaginal dryness may be a problem during sex. Oestrogen cream or HRT can help with this, as can vaginal lubricating gel.

Weight: The operation itself should not cause you to gain weight.

Exercise: It is important to continue to exercise and walking is an excellent example of this. Gradually increase the length of your walks but remember to only walk the distance you can achieve comfortably. Swimming and cycling are equally good.

Cervical smears: If you have had a total hysterectomy (the cervix is also removed), you will no longer need cervical smear tests. If the cervix has not been removed you will need to continue to have cervical smears.

Hormone Replacement Therapy (HRT): The decision to use HRT is a personal one. If your ovaries are not removed there is no need to use HRT. If your ovaries are removed your doctor will discuss HRT with you.

If you have any questions, be sure to ask your doctor at the next appointment.

