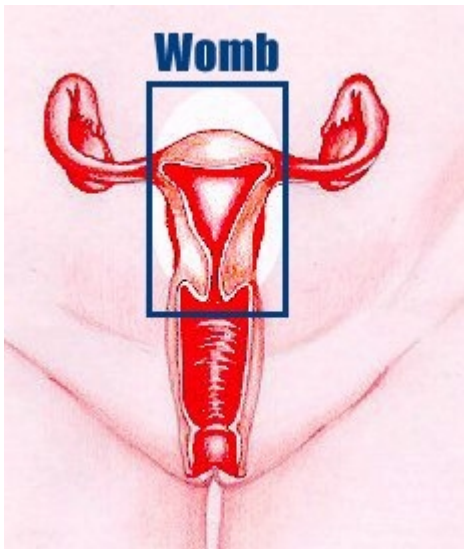


Hysterectomy

INTRODUCTION



A hysterectomy is an operation to remove the womb, also known as the uterus. It is a pear-shaped, thick-walled muscular organ. It is located in the lower abdominal region.

When a woman is pregnant, the baby grows inside the uterus. It also produces the monthly flow, or period. Some hysterectomies also include the removal of the ovaries. The ovaries have two major functions. They produce eggs which travel to the womb. They produce the female sex hormones – oestrogen and progesterone.

WHY IS A HYSTERECTOMY DONE

- Cancer of the Uterus or Ovary
- Organs which contain cancerous cells are removed to stop the spread of this life-threatening disease.
- Very Heavy Periods

There are many reasons for unusually heavy bleeding and therefore going to your doctor is vital. Depending on the diagnosis, drug therapy or minor surgery may be necessary. On rare occasions, there can be haemorrhage of the womb in which case a hysterectomy can be life saving.

- **Severe Endometriosis.** – See also separate article on [Endometriosis](#)

Endometriosis is a noncancerous condition in which cells similar to the cells in the womb lining grow like islands outside of the womb (uterus). These growths occur most commonly in the ovaries, [fallopian tubes](#), bladder, bowel and other pelvic structures, including the wall of the womb. These cells may cause pain and discomfort by bleeding at the time of your period. Endometriosis may also cause infertility. In severe cases, a hysterectomy may be a choice of treatment.

- **Fibroids**

Fibroids are knots of muscle tissue that grow out of or into the walls of womb. They are noncancerous (benign) and many women over 35 have fibroids, but usually no symptoms. In some women, however, fibroids may cause heavy bleeding, pelvic discomfort and pain and occasionally pressure on the other organs. These

symptoms may require treatment, but not always a hysterectomy. Some women choose to do nothing since fibroids will often shrink in size as the woman goes through the menopause.

- **Prolapse**

As a woman ages, the vaginal supports begin to lose their muscle tone and sag downward (prolapse). With prolapse, the bladder and/or rectum may be pulled downward with the womb. For the vast majority of women, the sagging is minor and produces no symptoms. If the prolapse worsens, some women experience a heavy or dragging feeling in the pelvic area, problems controlling bladder and/or bowel function. Occasionally, protrusion of one of the organs through the vaginal opening occurs. A woman has to decide for herself if the discomfort is great enough to have a hysterectomy.

- **Cancer of the Cervix**

Precancerous changes in the cervix are often found in routine [cervical smears](#).

- **[Precancer](#) of the Uterus**

A precancerous change can occur when the lining (endometrium) of the womb overgrows. This causes irregular and/or excessive bleeding. It can usually be treated with hormone therapy. In more severe cases or cases that do not respond to hormone treatment, this "overgrowth" may lead to cancer of the uterus. In these cases, hysterectomy would be the choice of treatment.

- **Pelvic Pain**

There can be a number of causes of pelvic (lower tummy) pain and these include endometriosis, fibroids, ovarian cysts, infection or scar tissue. Pain in the pelvic area may not be related to the womb. Therefore, a careful diagnosis is essential before considering whether to have a hysterectomy.

BENEFITS AND RISKS

The risks of hysterectomy include the risks of any major operation, although its surgical risks are among the lowest of any major operation. If an infection occurs, it can usually be treated with antibiotics. Less often, women may need a blood transfusion before surgery because of [anaemia](#) or during surgery for blood loss. In addition to the direct surgical risks, there may be longer-term physical and psychological effects, potentially including depression and loss of sexual desire. If the ovaries are removed along with the womb prior to menopause (change of life), there is an increased risk of osteoporosis and heart disease, but this can be counterbalanced with HRT. In making a decision, you should also consider that a hysterectomy is not reversible. After a hysterectomy, you will no longer be able to have children and you will no longer have periods.

TYPES OF HYSTERECTOMY

The word hysterectomy means surgical removal of the womb, but there are several types of hysterectomy. The most common type is the **total hysterectomy**. A total hysterectomy involves the removal of the entire womb, including the [cervix](#). The cervix is usually removed to prevent subsequent [cervical cancer](#). The ovaries are not

removed in this type of operation. Another type is the hysterectomy with **bilateral salpingo-oophorectomy**. This involves the removal of one or both ovaries, the fallopian tubes and the womb (uterus). This type of hysterectomy will result in instant and absolute menopause. A **radical hysterectomy** is performed on women with cervical or [endometrial cancer](#) that has spread to the cervix. This includes removal of the womb (uterus), cervix, top portion of the [vagina](#) and most of the tissue that surrounds the cervix in the pelvic cavity. The **supra cervical hysterectomy** removes the womb (uterus) but leaves the cervix intact. This is performed on women with minimal risk of developing cervical cancer.

HOSPITALISATION AND RECOVERY

The average hospital stay is from 5 to 7 days. The length of the stay depends on the type of hysterectomy and whether there are any complications. Normal activity can usually be resumed in four to eight weeks. Sexual activity can usually be resumed in six to eight weeks.

EFFECTS OF HYSTERECTOMY

- **Sexual effects**

Every person reacts differently, and reactions are a combination of emotional and physical responses. Some women say that they enjoy sex more after a hysterectomy, particularly if they have had a lot of bleeding and pain beforehand. Some women feel more relaxed because they don't have to worry about getting pregnant. However, some women who have hysterectomies experience less sexual enjoyment. If the ovaries are removed, there are also hormonal effects. The loss of the ovaries may decrease the woman's desire for sexual intercourse. Also, the loss of the ovaries causes dryness of the vagina. This can lead to painful intercourse for women. Hormone replacement therapy will usually be recommended in such cases.

- **Emotional effects**

Some women report feeling down after a hysterectomy. Most feel better after a few weeks, but some women do feel depressed for a long time. Other women experience a feeling of relief after a hysterectomy. Not being able to bear children can cause emotional problems for some women. Some women feel changed or feel they have suffered a loss.

QUESTIONS TO ASK YOUR DOCTOR

- Why do I need to have a hysterectomy?
- What organ or organs will be removed and why?
- Will my ovaries be left in place? If not, why?
- Will my cervix be removed? If so, why?
- Are there alternatives for me besides a hysterectomy?
- What are the advantages, risks and benefits of each?
- What will be the physical effects of a hysterectomy?
- Are these permanent?
- What will happen to my figure, my weight, my breasts?
- How will it affect my sex life?
- Will I experience menopause (change of life)? Can the symptoms of menopause be treated?

- What are the risks and benefits of such treatment?
- What can I expect in the hospital? Example, pre-operative procedures, length of stay, anaesthesia, infection, transfusion, urinary catheter.
- What kind of care will I need after my hysterectomy?
- How should I prepare for coming home from the hospital?
- How soon can I go back to work?
- When can I resume sexual activity?

HORMONE REPLACEMENT THERAPY

Possible Benefits

- Lowers risk for heart disease.
- Arrests the development of osteoporosis.
- Improves the quality of life, by alleviating menopausal discomfort.

Many doctors believe the benefits of hormone replacement therapy far outweigh the risks. ***Possible Risks***

- With prolonged use, HRT may increase the risk of breast cancer.
- Can experience side effects such as nausea, fluid retention and leg cramps

Discuss this with your doctor if you are worried. Before you decide to begin hormone replacement therapy, or stop it, tell your doctor if:

- Your mother or sister has had breast cancer.
 - Your mother developed heart disease at an early age.
 - Osteoporosis runs in the family.
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