



Hysterectomy

Hysterectomy is a way of treating problems that affect the **uterus**. Because hysterectomy is major surgery, it is a good idea to think about other treatment options first. For problems that have not improved with other treatments, a hysterectomy may be the best choice. You should know all of your options before you decide.

This pamphlet explains

- reasons for having a hysterectomy
- alternatives to hysterectomy
- how hysterectomy is done
- types of hysterectomy
- removal of **ovaries** and **fallopian tubes**
- risks and recovery

Reasons for Hysterectomy

Hysterectomy is surgery to remove the uterus. It is a very common type of surgery for women in the United States. Hysterectomy is used to treat many women's health conditions. Some of these conditions include the following:

- Uterine **fibroids** (this is the most common reason for hysterectomy)
- **Endometriosis**
- Pelvic support problems (such as **uterine prolapse**)
- Abnormal uterine bleeding
- Chronic pelvic pain
- Gynecologic cancer

Other Treatment Options

A hysterectomy is major surgery. Depending on your condition, you may want to try other options first that do not involve surgery or to “watch and wait” to see if your condition improves on its own.

Removing the uterus means that you can no longer become pregnant. Some women wait to have a hysterectomy until after they have completed their families.

If you choose another option besides hysterectomy, keep in mind that you may need additional treatment later. For many conditions, hysterectomy may be your best option for treatment. Talk with your health care professional about the safety of each treatment option and how well it might work for your specific condition.

How Hysterectomy Is Done

A hysterectomy can be done in different ways: through the *vagina*, through the abdomen, or with *laparoscopy* (see table “Ways Hysterectomy Is Performed”). The choice will depend on why you are having the surgery and other factors. Sometimes, the decision is made after the surgery begins and the surgeon is able to see whether other problems are present.

Vaginal Hysterectomy

In a vaginal hysterectomy, the uterus is removed through the vagina. There is no abdominal incision. Vaginal hysterectomy generally causes fewer complications than abdominal or laparoscopic surgery. Healing time may be shorter than with abdominal surgery, with a faster return to normal activities. It is recommended as the first choice for hysterectomy when possible.

Table 1. Ways Hysterectomy Is Performed

<i>Description</i>	<i>Advantages</i>	<i>Disadvantages</i>
Vaginal		
Uterus is removed through the vagina	<ul style="list-style-type: none"> • No visible scar • Compared with abdominal surgery: <ul style="list-style-type: none"> – Shorter operating time – Shorter hospital stay – Faster return to normal activity – Fewer infections – Less pain 	Not always possible if adhesions are present or the uterus is very large
Abdominal		
Uterus is removed through an incision in the lower abdomen	<ul style="list-style-type: none"> • Can be done if <i>adhesions</i> are present • Can be done on a large uterus • Gives surgeon a good view 	Compared with vaginal surgery or laparoscopic surgery: <ul style="list-style-type: none"> • Longer hospital stay • Larger incision scar • Longer healing time
Laparoscopic		
A <i>laparoscope</i> and other instruments are inserted through small incisions in the abdomen	Compared with abdominal surgery: <ul style="list-style-type: none"> • Scars are smaller • Shorter hospital stay • Fewer infections • Less blood loss 	Compared with abdominal surgery: <ul style="list-style-type: none"> • Longer operating time • Greater risk of urinary tract injury
– Laparoscopically assisted vaginal hysterectomy (LAVH) Uterus is removed through the vagina	Same as for laparoscopic surgery	Same as for laparoscopic surgery
– Robot-assisted laparoscopic hysterectomy Robot attached to camera and laparoscopic instruments helps remove the uterus	Same as for laparoscopic surgery	<ul style="list-style-type: none"> • Longer operating time than laparoscopy without robot • Requires experienced surgeon • More information needed on risks and benefits
– Single-incision laparoscopy One small abdominal incision is made	<ul style="list-style-type: none"> • Same as for laparoscopic surgery • Single, small scar 	<ul style="list-style-type: none"> • Same as for laparoscopic surgery • Requires an experienced surgeon • More information needed on risks and benefits

Not all women can have a vaginal hysterectomy. For example, women who have adhesions from previous surgery or who have a very large uterus may not be able to have this type of surgery.

Abdominal Hysterectomy

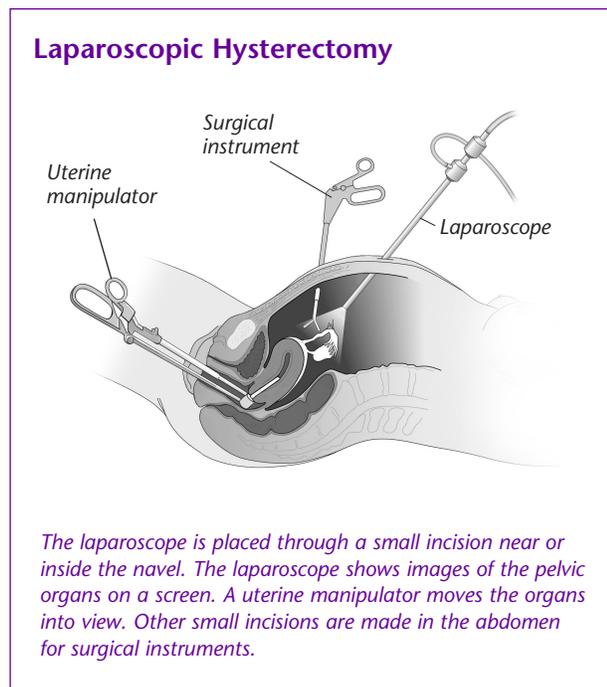
In an abdominal hysterectomy, the uterus is removed through an incision in the lower abdomen. The opening in the abdomen gives the surgeon a clear view of the pelvic organs.

Abdominal hysterectomy is associated with an increased risk of complications, such as wound infection, bleeding, blood clots, and nerve and tissue damage, than vaginal laparoscopic hysterectomy. It generally requires a longer hospital stay and a longer recovery time than vaginal or laparoscopic hysterectomy.

Laparoscopic Hysterectomy

Laparoscopic surgery requires only a few small (about one-half inch long) incisions in the abdomen. A laparoscope inserted through one of these incisions allows the surgeon to see the pelvic organs. Other surgical instruments are used to perform the surgery through separate small incisions. The uterus can be removed in small pieces through the incisions, through a larger incision made in the abdomen, or through the vagina.

There are different kinds of laparoscopic hysterectomies. In a laparoscopic assisted vaginal hysterectomy, the uterus is removed through the vagina. A robot-assisted laparoscopic hysterectomy is performed with the help of a robotic machine controlled by the surgeon. In general, it has not been shown that robot-assisted laparoscopy results in a better outcome than laparoscopy performed without robotic assistance.



Compared with abdominal hysterectomy, laparoscopic surgery results in less pain, has a lower risk of infection, and requires a shorter hospital stay. You may be able to return to your normal activities sooner.

There also are disadvantages to laparoscopic surgery. It often takes longer to perform compared with abdominal or vaginal surgery, especially if it is performed with a robot. Also, there is an increased risk of injury to the urinary tract and other organs with this type of surgery.

Types of Hysterectomy

There are different types of hysterectomy:

- Total hysterectomy—The entire uterus, including the **cervix**, is removed.
- Supracervical (also called subtotal or partial) hysterectomy—The upper part of the uterus is removed, but the cervix is left in place. This type of hysterectomy can only be performed laparoscopically or abdominally. Some women think that having a supracervical hysterectomy will affect their sexual response less than a total hysterectomy would, but there is no difference in sexual response and orgasm in women who have had the two types of surgery.
- Radical hysterectomy—This is a total hysterectomy that also includes removal of structures around the uterus. It may be recommended if cancer is diagnosed or suspected.

Removal of Ovaries and Fallopian Tubes

If needed, the ovaries and fallopian tubes may be removed at the time of hysterectomy. This is called **salpingo-oophorectomy** if both tubes and ovaries are removed; **salpingectomy** if just the fallopian tubes are removed; and **oophorectomy** if just the ovaries are removed.

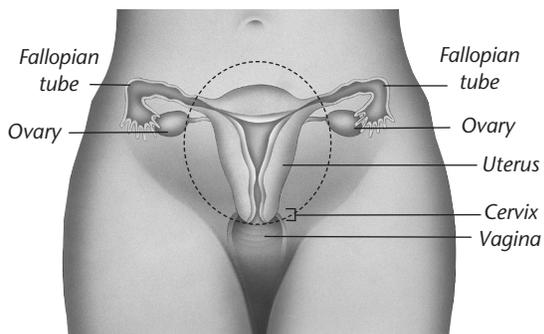
The ovaries and fallopian tubes may be removed if they are abnormal (for example, they are affected by endometriosis). Your surgeon may not know whether the ovaries and fallopian tubes will be removed until the time of surgery. Women at risk of ovarian cancer or breast cancer can choose to have both ovaries removed even if they are healthy in order to reduce their cancer risk. This is called a **risk-reducing bilateral salpingo-oophorectomy**.

If the ovaries are removed before you have gone through **menopause**, you will experience immediate menopause signs and symptoms. You also may be at increased risk of **osteoporosis**.

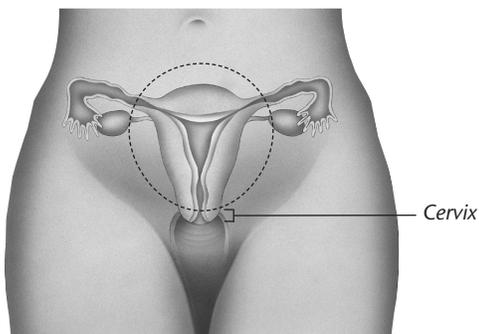
Hormone therapy can be given to relieve signs and symptoms of menopause and may help reduce the risk of osteoporosis. Hormone therapy can be started immediately after surgery. Therapy can be given in a pill, patch, spray, vaginal cream, or vaginal ring. Other medications can be given to prevent osteoporosis if you are at high risk. Talk to your health care professional before surgery to discuss whether these therapies are right for you.

Recent research suggests that ovarian cancer may start in the fallopian tubes and travel to the ovaries. Removing the tubes (but not the ovaries) at the time of hysterectomy may be an option for women who do not have cancer. This procedure is called opportunistic salpingectomy. It may help prevent ovarian cancer. Talk with your surgeon about the possible benefits of removing your fallopian tubes at the time of your surgery.

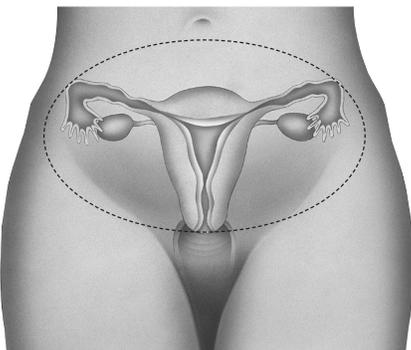
Types of Hysterectomy



Total hysterectomy. The uterus and cervix are removed.



Supracervical hysterectomy. The uterus is removed but the cervix is left in place.



Hysterectomy with removal of fallopian tubes and ovaries. Removal of the ovaries is called an oophorectomy. Removal of the fallopian tubes is called a salpingectomy.

Risks

Hysterectomy is one of the safest surgical procedures. As with any surgery, however, problems can occur:

- Fever and infection
- Heavy bleeding during or after surgery
- Injury to the urinary tract or nearby organs
- Blood clots in the leg that can travel to the lungs
- Breathing or heart problems related to anesthesia
- Death

Some problems related to the surgery may not show up until a few days, weeks, or even years after surgery. These problems include formation of a blood clot in the wound or bowel blockage. Complications are more common after an abdominal hysterectomy.

Some women are at greater risk of complications than others. For example, if you have an underlying medical condition, you may be at greater risk of problems related to anesthesia. Your health care professional will assess your risks of complications and may take preventive measures. You should understand all of your specific risks before you have a hysterectomy. Discuss any concerns you have with your health care professional.

Your Recovery

If you have a hysterectomy, you may need to stay in the hospital up to a few days after surgery. The length of your hospital stay will depend on the type of hysterectomy you had and how it was done.

You will be urged to walk around as soon as possible after your surgery. Walking will help prevent blood clots in your legs. You also may receive medicine or other care to help prevent blood clots.

You can expect to have some pain for the first few days after the surgery. You will be given medication to minimize pain. You will have bleeding and discharge from your vagina for several weeks. Sanitary pads can be used after the surgery.

During the recovery period, it is important to follow your health care professional's instructions. Be sure to get plenty of rest, but you also need to move around as often as you can. Taking short walks and gradually increasing the distance you walk every day is a safe way to stay active. You should not lift heavy objects until your doctor says you can. Do not put anything in your vagina during the first 6 weeks. That includes douching, having sex, and using tampons.

Constipation is common after most hysterectomies. Some women have temporary problems with emptying the bladder after a hysterectomy. Other effects may be emotional. It is not uncommon to have an emotional response to hysterectomy. How you will feel after the surgery depends on a number of factors and differs for each woman. You may feel depressed that you are no longer able to bear children, or you may be relieved that your former symptoms are gone.

After you recover, you should continue to see your health care professional for routine gynecologic exams and general health care. Depending on the reason for your hysterectomy, you still may need pelvic exams and cervical cancer screening.

Finally...

Hysterectomy is one way to treat problems of the uterus. It is major surgery and carries some risks. For some conditions, other treatment options are available. For others, hysterectomy is the best choice. Your health care professional can help you weigh the options and make a decision.

Glossary

Adhesions: Scars that can make tissue surfaces stick together.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hysterectomy: Surgery to remove the uterus.

Laparoscope: A thin, lighted telescope that is inserted through a small incision (cut) in the abdomen to view internal organs or to perform surgery.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Oophorectomy: Surgery to remove an ovary.

Osteoporosis: A condition of thin bones that could allow them to break more easily.

Ovaries: The organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Risk-Reducing Bilateral Salpingo-oophorectomy: Surgery to remove both healthy fallopian tubes and both healthy ovaries. The surgery is done to reduce the risk of cancer.

Salpingectomy: Surgery to remove one or both of the fallopian tubes.

Salpingo-oophorectomy: Surgery to remove an ovary and fallopian tube.

Uterine Prolapse: A condition in which the uterus drops into or out of the vagina.

Uterus: A muscular organ in the female pelvis. During pregnancy this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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ISSN 1074-8601

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