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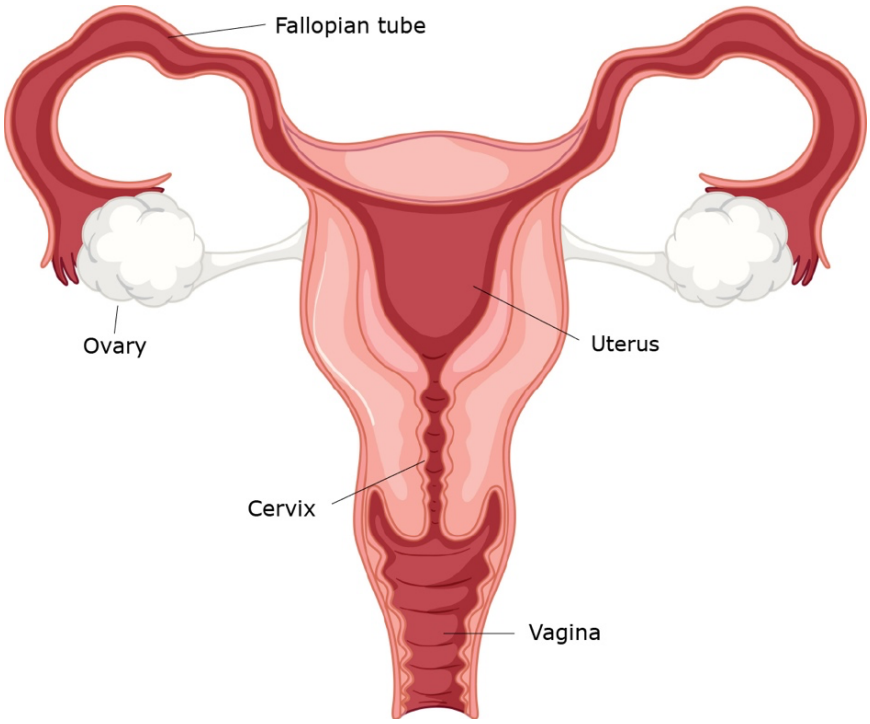
Hysterectomy
Things you need to know

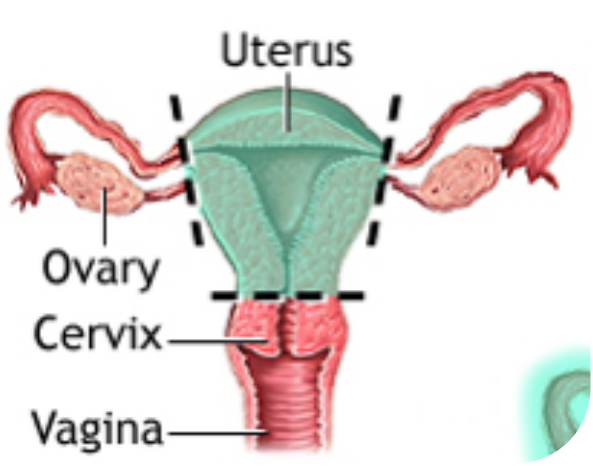
Hysterectomy is an operation for removal of the uterus (womb). The uterus is an organ that is responsible for your monthly periods and where you carry a baby. The following diagram is a basic drawing of your reproductive organs. The female reproductive organs are the vagina, uterus, fallopian tubes and ovaries.



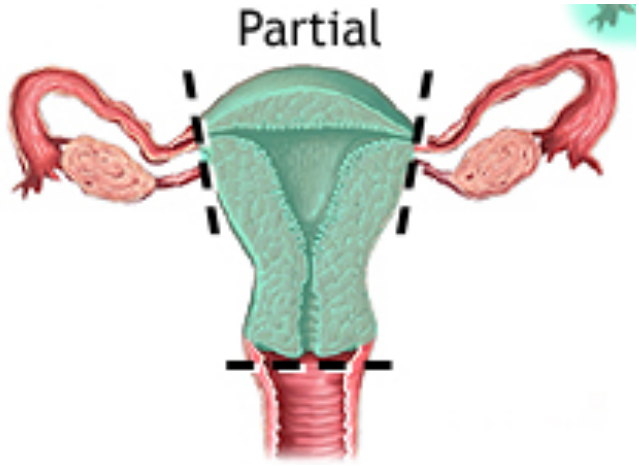
A hysterectomy is performed when other treatments have not helped improve your symptoms or are not suitable for you. I will discuss alternative management options with you if they are suitable and you can then make an informed decision if you wish to undergo a hysterectomy.

Types of hysterectomy

1. Total hysterectomy: uterus AND cervix is removed; this is the most common type of hysterectomy.
2. Subtotal hysterectomy: only uterus removed, cervix is NOT removed; this is a less common operation.



Removal of the uterus only



Removal of the uterus and cervix

When I discuss with you the removal of your uterus, we will discuss

- Removal of one or both ovaries
- Removal of one or both fallopian tubes
- Removal of the cervix

The type of hysterectomy and whether the ovaries or fallopian tubes are removed depends on your unique circumstance. I will often recommend removal of the fallopian tubes, if possible, as this proven to reduce your risk of ovarian cancer.

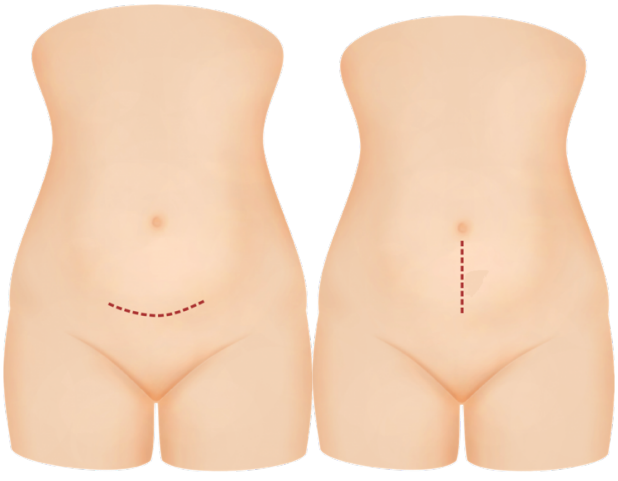
Surgical routes of hysterectomy

A hysterectomy can be performed in three different ways:

1. Abdominal hysterectomy
2. Vaginal hysterectomy
3. Laparoscopic hysterectomy

Abdominal hysterectomy

An abdominal hysterectomy requires a larger cut on the skin of the abdomen. The incision may be transverse or midline. The need for a particular incision depends on the underlying reason for surgery. This is usually the last resort, if a hysterectomy cannot be performed through the vaginal or laparoscopic options.



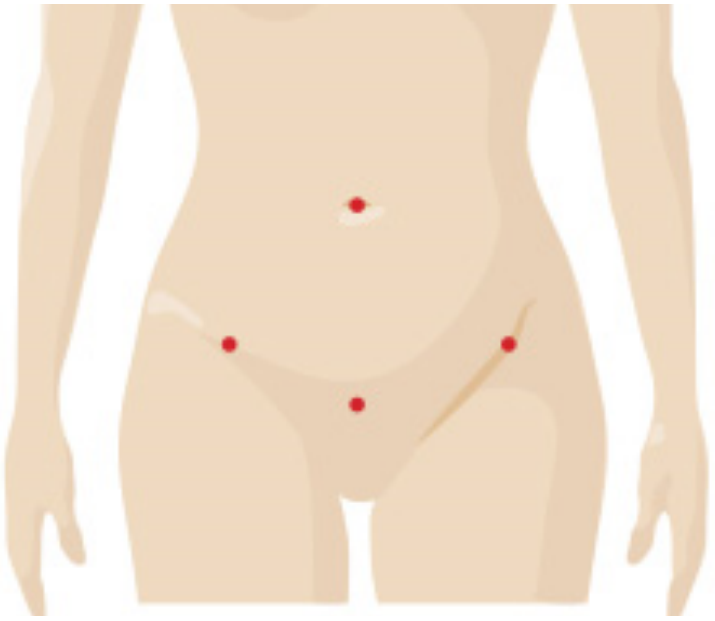
Transverse incision *Midline incision*

Vaginal hysterectomy
In a vaginal hysterectomy, the operation is performed through the vagina and there is no incision made to the abdomen, hence there is no scar to the abdomen. Vaginal Hysterectomy is suitable if there is prolapse, if the uterus is small and easy to remove from below and if abdominal surgery is not appropriate for you. In a vaginal hysterectomy, both the uterus and cervix are always removed. The ovaries and fallopian tubes, as a general rule, are not removed.

If you are undergoing a vaginal hysterectomy, points for discussion are whether an additional vaginal prolapse repair surgery is required at the same time. Prolapse repair surgery is performed to correct prolapse of the bowel or bladder and can be performed at the same time as the removal of the uterus.

The type of prolapse repair surgery performed will depend on the type of prolapse you have, whether you have prolapse symptoms and if you are sexually active. I will also need to know about your bladder function and if you have any problems with passing urine.

Laparoscopic hysterectomy
This is the newest technique to perform a hysterectomy through keyhole surgery. You will usually have 4 small cuts (0.5-1cm) to the abdomen; this may vary slightly depending on the size of your uterus and other pathology you might have.



This is a highly specialised technique that requires great skill and special instruments. The advantage to you is smaller scars, shorter stay in hospital and quicker recovery compared to an abdominal hysterectomy.

The uterus is usually removed through the vagina, though it may need to be removed in small pieces ('morcellated') to remove it through the small incision in the abdomen or through the vagina. The abdominal incision may need to be made slightly bigger ('mini-laparotomy') in order to safely remove the uterus in smaller pieces; this incision would still be much smaller than the incision needed for an *abdominal* hysterectomy.

I will discuss with you if you are suitable for a laparoscopic hysterectomy.

After a hysterectomy

- You will have no more periods (unless the cervix is not removed)
- Pelvic pain with your periods is often reduced
- You cannot get pregnant

Cervical screening: You no longer need cervical screening test (previously known as pap smears) unless the cervix is not removed, or I advise you otherwise. If you had previous abnormal cervical tests or if the hysterectomy was performed for a pre-cancer/cancer change, you will need to continue to have regular cervical screening tests – I will advise you according to your unique situation.

Menopause: Removal of only the uterus and fallopian tubes (without removing the ovaries) does not put you into menopause. You will go through menopause at the usual age when menopause tends to occur.
Since your uterus will be removed and you will not be menstruating, you may know when you reach menopause when you experience other symptoms of menopause such as hot flushes and night sweats.

Hormone replacement: You need hormone replacement if both your ovaries are removed before the age of 50, unless there is a contraindication to hormone replacement such as a history of breast cancer. You do not need hormone replacement if only one ovary or neither of your ovaries are removed, unless you experience bothersome symptoms of menopause.

Intercourse: It is normal to be apprehensive about sexual intercourse after the operation for the first few occasions and your partner should understand and be gentle on these occasions. If you struggled with heavy periods, discomfort from prolapse, or pain with intercourse before the surgery, the improvement of your symptoms after the surgery will result in an improvement in your general wellbeing and should lead to an overall better sexual relationship with your partner.

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