



Hysterectomy

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What is a hysterectomy?

Hysterectomy is surgery to remove the **uterus**. It is a very common type of surgery for women in the United States. Removing your uterus means that you can no longer become pregnant.

Why is hysterectomy done?

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

Are there alternatives to hysterectomy?

In some cases, medications or other procedures that allow you to become pregnant now or in the near future can be tried before having a hysterectomy. 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.

What structures are removed during a 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.
- 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.

What other organs besides the cervix and uterus may be removed during a total hysterectomy?

One or both of your **ovaries** and **fallopian tubes** may be removed if they are abnormal (for example, they are affected by endometriosis). This procedure 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. 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 these organs are healthy in order to reduce their risk of cancer. This is called an elective salpingo-oophorectomy.

What will happen if my ovaries are removed before I 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. Other medications can be given to prevent osteoporosis if you are at high risk.

What are the different ways hysterectomy can be performed?

A hysterectomy can be done in different ways: through the **vagina**, through the abdomen, or with **laparoscopy**. 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.

How is a vaginal hysterectomy done?

In a vaginal hysterectomy, the uterus is removed through the vagina. There is no abdominal incision. Not all women are able to 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.

What are the benefits and risks of vaginal hysterectomy?

Vaginal hysterectomy generally causes fewer complications than abdominal or laparoscopic hysterectomy. 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.

How is an abdominal hysterectomy done?

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

What are the benefits and risks of abdominal hysterectomy?

Abdominal hysterectomy can be performed even if adhesions are present or if the uterus is very large. However, abdominal hysterectomy is associated with greater risk of complications, such as wound infection, bleeding, blood clots, and nerve and tissue damage, than vaginal or laparoscopic hysterectomy. It generally requires a longer hospital stay and a longer recovery time than vaginal or laparoscopic hysterectomy.

How is laparoscopic hysterectomy done?

Laparoscopic surgery requires only a few small (about one-half inch long) incisions in your 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. Your uterus can be removed in small pieces through the incisions, through a larger incision made in your abdomen, or through your vagina (which is called a laparoscopic vaginal hysterectomy).

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.

What are the benefits and risks of laparoscopic hysterectomy?

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 risks with laparoscopic surgery. It can take 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.

Is hysterectomy safe?

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.

Are all women at the same risk of complications?

No, 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.

Will I have to stay in the hospital after having a hysterectomy?

You may need to stay in the hospital for 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.

What should I expect after having a hysterectomy?

You can expect to have some pain for the first few days after the surgery. You will be given medication to relieve pain. You will have bleeding and discharge from your vagina for several weeks. Sanitary pads can be used after the surgery. 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. You may feel depressed that you are no longer able to bear children, or you may be relieved that your former symptoms are gone.

What are some important things I should know about recovery?

Follow your health care provider's instructions. Be sure to get plenty of rest, but you also need to move around as often as you can. Take short walks and gradually increase the distance you walk every day. 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.

After you recover, you should continue to see your health care provider 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.

Glossary

Adhesions: Scarring that binds together the surfaces of tissues.

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: Benign growths that form in the muscle of the uterus.

Hormone Therapy: Treatment in which estrogen, and often progestin, are given to help relieve some of the symptoms caused by low levels of these hormones.

Hysterectomy: Removal of the uterus.

Laparoscope: An instrument that is inserted into the abdominal cavity through a small incision to view internal organs or to perform surgery.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menopause: The time in a woman's life when menstruation stops, defined as the absence of menstrual periods for 1 year.

Oophorectomy: Removal of one or both of the ovaries.

Osteoporosis: A condition in which the bones become so fragile that they break more easily.

Ovaries: The paired organs in the female reproductive system that contain the eggs released at ovulation and produce hormones.

Salpingectomy: Removal of one or both of the fallopian tubes.

Salpingo-Oophorectomy: Removal of the ovary and fallopian tube; a bilateral salpingo-oophorectomy is removal of both ovaries and fallopian tubes.

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

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

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

If you have further questions, contact your obstetrician–gynecologist.

FAQ008: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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