HYSTERECTOMY
(Abdominal Hysterectomy; Vaginal Hysterectomy) (Sheet 1 of 2)

BASIC INFORMATION

DEFINITION
Hysterectomy is the surgical removal of the uterus resulting in inability to become pregnant (sterility). It is a common operation and often involves removal of the ovaries, cervix, and the fallopian tubes as well. Be sure you understand all aspects of this surgical procedure, its risks and benefits and any possible alternative therapies. Your health care provider will help you decide which type of hysterectomy is appropriate for you, depending on your indications for surgery and your medical history.

• Hysterectomy techniques:
  - Abdominal hysterectomy is done through an abdominal incision.
  - Vaginal hysterectomy is done with a vaginal incision. This technique is often used in cases of uterine prolapse or when vaginal repairs are necessary for related conditions.
  - Laparoscopy assisted vaginal hysterectomy (LAVH) combines a laparoscopic procedure with the vaginal hysterectomy.
  - Total laparoscopic hysterectomy is a procedure performed with laparoscopes in the abdomen. It involves passing from one to five small plastic tubes through half-inch incisions in the abdominal wall, providing a video picture of the inside of the abdominal cavity. Long slender surgical instruments can be used through these tiny "ports" to perform operations.
  - Types of hysterectomy include:
    - Total or simple hysterectomy (removal of the entire uterus, including the cervix). The ovaries (which produce the hormones estrogen and progesterone) are not removed, so they will continue to produce estrogen. You will not experience symptoms of menopause as a result of this surgery.
    - Subtotal (partial; supracervical) hysterectomy (removal of the uterus above the cervix, leaving the cervix intact). The ovaries will also be left in place, so you will not experience symptoms of menopause.
    - Radical hysterectomy (removal of the uterus and surrounding tissues). If the ovaries are left in place, menopausal symptoms will not result.
    - Total hysterectomy with bilateral salpingo-oophorectomy (removal of the uterus, both fallopian tubes, and both ovaries). When both ovaries are removed, you will probably experience what is called surgical menopause. A unilateral oophorectomy procedure leaves one ovary.

REASONS FOR PROCEDURE
• Severe, chronic (long-term) infections, such as pelvic inflammatory disease.
• Inflammation of the lining of the uterus (endometriosis).
• Uterine fibroids.
• Uterine prolapse.
• Endometrial hyperplasia.
• Cancer of the uterus, cervix, ovaries, or fallopian tubes.
• Chronic vaginal bleeding.
• Stress incontinence (involuntary loss of urine).
• Chronic pelvic pain.
• Benign ovarian tumor, if persistent or symptomatic.
• Pelvic adhesions.

RISK INCREASES WITH
• Obesity.
• Smoking.
• Conditions resulting in excessive estrogen exposure, such as estrogen drugs, delayed childbirth, chronic anovulation (failure to release eggs from the ovary each month).
• Iron-deficiency anemia; heart or lung disease; diabetes mellitus.
• Use of drugs such as: cortisone; antihypertensives; diuretics; or beta-adrenergic blockers.

DESCRIPTION OF PROCEDURE
• Antibiotics to prevent postsurgical infection may be prescribed in certain cases.
• A general or regional anesthetic will be administered. The procedures may take 1 to 2 hours.
• A urinary catheter is placed. In some cases, small catheters are also placed in the ureters (tubes from kidney to bladder).
• With an abdominal hysterectomy, an incision is made in the abdomen (horizontal or vertical, depending on the condition). The abdominal organs are examined. The uterus is cut free and removed. Other organs and tissue may be removed also. The vagina is often closed with sutures at its deeper end. The surgical wound is closed in layers with sutures and the skin closed with suture or staples.
• With vaginal hysterectomy, an incision is made in the upper end of the vagina. The cervix is separated from the bladder in front. The ligaments containing the blood vessel to the uterus are clamped with a surgical clamp, cut and tied with sutures. The uterus and other structures are brought out through the vagina, and the cut end of the vagina is sutured. When a vaginal hysterectomy is performed, any sagging of the vaginal walls, urethra, bladder, or rectum can be surgically corrected at the same time. For example, colporrhaphy is a vaginal procedure to reestablish the support between the bladder and vagina to fix a cystocele.
• Laparoscopically assisted vaginal hysterectomy is a combined procedure that can aid in the removal of the uterus vaginally when it otherwise would require an abdominal incision. This procedure is performed with the aid of a laparoscope. Thin tubes are inserted through tiny incisions in the abdomen near the navel. The uterus is then cut and removed in sections through the scoping tube or through the vagina.
• For total laparoscopic hysterectomy, up to 5 half-inch incisions are made in the abdomen. Using a laparoscope, the uterus and other structures are cut free and removed.
through the incisions or through the vagina. A large uterus may be cut into tiny pieces (morcellate) and passed down the vagina. To avoid rupturing a massive ovarian cyst in the abdomen, the cyst may be enclosed in a pouch and then removed.

- In cancer surgery, the doctor usually removes not only the uterus, but also both ovaries and the fallopian tubes. This will remove as much of the cancer as possible. The tissues are then given to a pathologist who examines the tissues to determine if all the cancer was removed. If the entire tumor has been removed, no further therapy may be necessary.

- Usually, the catheter will remain in the bladder for one day.

**EXPECTED OUTCOME**

- Relief from symptoms caused by benign uterine conditions. Symptom relief is associated with improvement of quality of life.

- The vagina will be shortened slightly. This should cause no lasting problem. Expect permanent sterility. Allow about 6 weeks for recovery from surgery.

**POSSIBLE COMPLICATIONS**

- Excessive bleeding (may require a blood transfusion).

- Surgical wound infection.

- Inadvertent injury to the bowel, bladder or ureters (the tubes going from the kidneys to the bladder), or nerve damage.

- Anesthetic complications (depending on method used).

- Urinary tract infection.

- Respiratory infection, particularly pneumonia.

- Urinary retention requiring continued use of a catheter.

- Bowel obstruction.

- Vaginal pain.

- Fistula (abnormal opening) between the vagina and bladder or rectum.

**POSTPROCEDURE CARE**

**GENERAL MEASURES**

- Hospital stay may be 1 to 5 days.

- To keep lungs clear, cough frequently while using appropriate support. Deep breathing aids are frequently available.

- Sutures are usually removed from the skin incision on the third day.

- Once home, someone should be available to help care for you for the first few days.

- Use an electric heating pad, a heat lamp or a warm compress to relieve incisional pain or gas pains.

- Avoid douching, swimming, and baths for 4 weeks.

- Shower as usual. You may wash the abdominal incision gently with mild, unscented soap.

- Use sanitary napkins—not tampons—to absorb blood or drainage (discharge is normal, but has an unpleasant odor).

- Aftereffects of surgery may include constipation, urinary symptoms, fatigue and weight gain.

- Following removal of the uterus, you will no longer have your monthly periods or be able to become pregnant.

- It's still necessary to have regular pelvic examinations after hysterectomy; if you still have your cervix, you'll still need to have a Pap smear.

- The psychological aftermath of a hysterectomy will depend on the individual. Some women feel only relief, others experience frequent and unexpected crying episodes (may be due to hormonal changes), and a few suffer from depression. Seek help and support from family and friends.


**MEDICATION**

- After surgery, medicines for pain, gas, nausea or constipation may be prescribed.

- Antibiotics if infection develops.

- For cancer, chemotherapy may be prescribed.

- Supplemental hormones are usually recommended unless there are reasons why they should not be taken.

**ACTIVITY**

- To help recovery and aid your well-being, resume daily activities, including work, as soon as you are able. Recovery at home may take 1 to 3 weeks, with full activities resumed in 6 to 8 weeks. Laparoscopic hysterectomy and vaginal hysterectomy recovery time may be less than for abdominal hysterectomy.

- Resume driving 2 weeks after returning home.

- Sexual relations may be resumed in 4 to 6 weeks (or when advised). Most women experience no change in sexual function; some report improvement, while others have a worsening sexual function, specifically, loss of libido (sexual desire). Intercourse may be uncomfortable for a period of time. You may feel bruised or sore, the vagina may have shrunk and vaginal dryness can occur. Time, patience, trying different techniques and good communication with your partner should help alleviate any problems and increase your pleasure during intercourse.

**DIET**

Clear liquid diet until the gastrointestinal tract functions again. Then eat a well-balanced diet to promote healing.

**NOTIFY OUR OFFICE IF**

- You have vaginal bleeding that soaks more than 1 pad per hour.

- You have frequent urge to urinate or excessive vaginal discharge that persists longer than 1 month.

- Increased pain or swelling in the surgical area develops.

- Signs of infection occur: headache, muscle aches, dizziness or a general ill feeling and fever.