

What is a Hysterectomy?

PATIENT/FAMILY INFORMATION SHEET

What is a Hysterectomy?

A hysterectomy is the surgical removal of the uterus (womb). Sometimes the fallopian tubes, ovaries, and cervix are removed at the same time that the uterus is removed. When the ovaries and both tubes are removed, this is called a bilateral salpingo-oophorectomy.

There are three types of hysterectomies:

- A *complete or total hysterectomy*, which is removal of the uterus and cervix.
- A *partial or subtotal hysterectomy*, which is removal of the upper portion of the uterus, leaving the cervix in place.
- A *radical hysterectomy*, which is removal of the uterus, cervix, the upper part of the vagina, and supporting tissue.

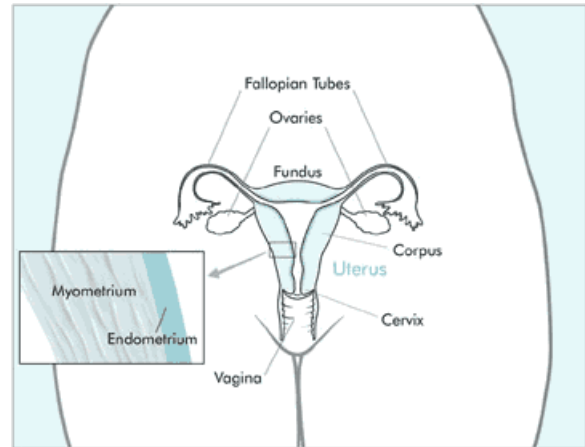
If you have not reached menopause yet, a hysterectomy will stop your monthly periods. You also will not be able to get pregnant.

How is a hysterectomy performed?

A hysterectomy can be performed in three ways:

- *Abdominal hysterectomy*: The surgeon will make a cut, or incision, in your abdomen either vertically (up and down) in the middle of the abdomen below the umbilicus (belly button); or horizontally (side ways) in the pelvic area. The horizontal incision is sometimes referred to as a “bikini” incision and is usually hidden by undergarments.
- *Vaginal hysterectomy*: The surgeon goes through the vagina and the incision is on the inside of the vagina, not on the outside of the body.
- *Laparoscopically assisted vaginal hysterectomy*: This involves using a small, telescope-like device called a laparoscope, which is inserted into the abdomen through a small cut. This brings light into the abdomen so that the surgeon can see inside. The uterus is then removed vaginally.

The type of surgery depends upon the reason for the procedure. Abdominal hysterectomies usually require a longer recovery time.



Why do women have hysterectomies?

The most common reasons why a hysterectomy is performed are:

- *Uterine Fibroids*: These are common, non-cancerous (benign) growths in the muscle of the uterus. When fibroids cause heavy menstrual bleeding and significant cramping and abdominal discomfort, a hysterectomy may be performed.
- *Endometriosis*: This is abnormal growth of the endometrium, or lining of the uterus, in the abdominal cavity. This causes pain, cramping, and abnormal bleeding.
- *Adenomyosis*: This is abnormal growth of the endometrium inside the middle layer of the uterus. This also causes pain, cramping, and abnormal bleeding.
- *Uterine prolapse*: This is a condition in which the uterus moves from its usual place down into the vagina. Childbirth, obesity, and loss of estrogen after menopause may contribute to a prolapse.
- *Pelvic Inflammatory Disease(PID)*: Pelvic inflammatory disease is an infection of the uterus and/or fallopian tubes, and it can extend into the pelvic cavity. Sometimes these infections become chronic and require surgery to remove the affected organs.
- *Cancer*: Cancer of the endometrium, uterine sarcoma, cancer of the cervix, and cancer of the ovaries and/or fallopian tubes often require hysterectomy.

What is the care after surgery?

Immediately after surgery, you may have a catheter, or tube, in your urinary bladder to drain your urine and keep the bladder empty. The catheter is usually removed before you leave the hospital. If you have difficulty urinating after the tube is removed, it is important to let your nurse or doctor know this right away.

It is normal to have some bloody drainage that will turn brownish in color from the vagina for one to two weeks after the surgery. If your bleeding increases or you begin to pass blood clots, notify your doctor.

It is important to get out of bed and walk frequently after your surgery. This helps the blood to circulate and to prevent blood clots in your legs. You may also have to wear special support stockings while in the hospital to help your circulation. Your doctor will let you know if you need to continue to wear these special stockings once you go home. This depends upon how active you are and whether you have a history of blood clots in your legs. It is important to remove these stockings daily, wash and dry your legs well, and put clean ones back on.

Your surgeon will let you know how long it will take for your incision to heal and when you can return to normal activities. If you are working, you will need to check with your doctor regarding when you can return to work.

You usually can resume sexual activity within 6 weeks. This operation should not change your sexual lifestyle and sensations.

For more Patient Fact Sheets, see the Greenwich Hospital web site at www.greenhosp.org and Click on Patients & Visitors, then Patient Education 4/05