

Patient information from BMJ

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Hysterectomy

A hysterectomy is an operation to remove the uterus (womb). Having a hysterectomy can help to treat or cure several conditions, including heavy periods, fibroids, and some cancers.

Here, we look at how and why it's done, and what the risks might be. You can use the information in this leaflet to talk with your doctor about this operation and the best options for you.

What is a hysterectomy?

A hysterectomy is an operation to remove some or all of the internal parts of the female reproductive system.

There are several types of hysterectomy:

- With a **total hysterectomy** your womb is removed as well as your cervix. The cervix is the neck of the womb. It sits between your womb and vagina.
- With a **subtotal hysterectomy** just your womb is removed.

Some women have other tissue and organs removed during a hysterectomy, depending on their medical needs. For example, some women need to have the ovaries and fallopian tubes removed, along with other nearby tissue.

These other tissues are often removed if you are having a hysterectomy to treat cancer. But your doctor might suggest removing them even if you don't have cancer. This can help prevent cancer and cysts from developing in the future.

Why might I need a hysterectomy?

A hysterectomy can be used to treat several conditions, including:

- **Heavy periods.** After a hysterectomy you won't have periods any more. So you won't have any more symptoms linked to heavy periods, such as cramps, backache, and bloating
- **Fibroids**(lumps in the womb). If you have fibroids, these will be removed during a hysterectomy. You won't have any more of the problems that fibroids can cause (such as pain or heavy periods), and the fibroids won't come back

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- **Cancer.** Several types of cancer, including endometrial cancer (cancer of the womb lining) and cervical cancer can be treated with a hysterectomy. If the cancer is at an early stage, this treatment can often cure it completely
- **Endometriosis.** This happens when small pieces of your womb lining grow inside other parts of your body, such as your ovaries or your bladder. Your doctor might suggest hysterectomy if other treatments haven't worked
- **Pelvic inflammatory disease (PID)** can cause severe pain in your lower abdomen. If this pain doesn't get better with other treatment can be treated with a hysterectomy
- **A prolapsed womb.** This happens when the muscles and other tissues which support the womb (your "pelvic floor") get weaker and can't hold the womb in the right place. This can cause the womb to bulge through into the top of your vagina.

Rarely, an **emergency hysterectomy** is needed. This happens when a woman has severe bleeding after giving birth. The hysterectomy is done as a last resort to stop the bleeding and save the mother's life.

What will happen during my hysterectomy?

A hysterectomy can be done in several ways.

Abdominal hysterectomy

This operation is done under general anesthetic. This means you won't be awake while the operation takes place. Your surgeon makes a horizontal (sideways) cut low on your abdomen, just above your pubic hair. If your womb is very large, or if you have a large fibroid, the surgeon might make a vertical cut.

The womb (and any other tissues that need to be removed) are taken out through the cut. The surgeon then sews the cut back up. The operation often takes less than an hour.

Keyhole hysterectomy

This operation takes a little longer than abdominal hysterectomy. It's usually done under general anesthetic.

The surgeon makes a small cut in the abdomen and then feeds a tiny camera through it. He or she can then see inside your womb without making a larger cut.

Your womb, and any other tissue that needs to be removed, can then be taken out through other small incisions in the abdomen, or through your vagina.

Vaginal hysterectomy

This operation can sometimes be done with a local anesthetic instead of a general anesthetic. A local anesthetic means you are awake during the operation, but will have an shot to make the area numb so you don't feel any pain. The surgeon doesn't usually need to make any cuts in your abdomen. He or she removes the womb through the vaginal opening.

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This type of hysterectomy might also be carried out using a spinal anesthetic. During this type of anesthetic you will be awake. You will be given a shot into your spine to make you numb from the waist down. You won't feel any pain and will be unable to move the lower part of your body.

Some people prefer vaginal hysterectomy because it involves a shorter stay in the hospital. The recovery time might be shorter so you can often get back to your normal activities more quickly. There is also less chance of some complications, such as infection developing after the operation. However the type of operation you will be able to have will depend on the reason for your hysterectomy.

What are the risks?

As with any operation, having a hysterectomy comes with some risks. Some of these are minor problems while others are more serious.

Minor problems that can happen include:

- Problems with anesthetics. Anesthetics can make you feel nauseous. And some people are allergic to them. But you will be carefully monitored for problems
- Unusually heavy bleeding during the operation. This is more common with abdominal hysterectomy
- Infection. If this happens you will need treatment with antibiotics
- Bruising. This can look worrying but it's not serious and will go away after a while.

More serious problems are rare, but they can happen. They include:

- Damage to the bowel or bladder during the operation. If this happens you might need another operation to repair the damage
- Needing to change to abdominal surgery once your operation has started. Your surgeon might start by doing a vaginal hysterectomy. But an abdominal cut might be needed if he or she cannot remove your womb through your vagina
- Blood clots forming in your veins. You might be given special support stockings to wear after your operation to improve your blood flow and help prevent clots. You might also be encouraged to start to move around as soon as you are able to after the operation to reduce the risk of clots forming
- Dying during the operation. This is very rare. But your doctor should discuss all the risks with you.

Some problems happen some time after the operation. They include:

- Symptoms of the menopause. This often happens to women who have their ovaries and fallopian tubes removed along with their womb. The symptoms include a dry vagina and hot flushes. Some women decide to take hormone replacement therapy (HRT) if this happens
- Vaginal prolapse. This means that the vagina can no longer be supported by the muscles around it. If this happens you might need another operation to correct it

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- Bladder problems. Having a hysterectomy can increase your chance of having bladder issues in later life. This might mean you need to urinate more often, often without much warning, or leak urine.

What can I expect afterwards?

Recovery in the hospital

You might feel tired and sore after the operation. You will be given painkillers, probably through an intravenous (IV) drip in your hand.

Whichever type of operation you have had, you might also need:

- A catheter fitted to remove urine, and
- A tube in place to remove any fluid from your abdomen.

These tubes usually only stay in for a day or so. You'll be encouraged to eat and drink normally when you feel like it. You will also be encouraged to get up and move around.

You might get some watery, blood-stained discharge from your vagina for a few days after the operation. This will gradually clear up.

Recovery at home

When you can go home depends on several things, including:

- The type of operation you had
- Your general health, and
- Your age.

If you had an abdominal hysterectomy you will need to recover in hospital for about 4 days. With the other types of operation you can usually go home a day or two earlier.

Once you're home, it's important to take it easy for a few days. But you should try to do some gentle walking each day. Don't lift anything too heavy (no heavier than a full kettle) for the first 6 weeks, as your body needs time to heal.

You might feel low or tearful for a few days after your operation and your moods might change. This is normal. Your body has been under quite a lot of stress and these feelings are natural.

If you are in pain, paracetamol or ibuprofen can help. If these over-the-counter medications are not helping, speak with your doctor or nurse. Controlling your pain will help your recovery.

You might need a couple of months to recover and get back to normal. But if you've had a vaginal hysterectomy, your recovery should be quicker.

Your healthcare team should give you information on recovery and getting back to exercise.

When you can get back to work depends on the kind of work you do and how you feel.

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And it will be between a few weeks and a couple of months before you can start driving again. As a guide, you're probably OK to drive when you feel you could make an emergency stop without thinking about whether it might hurt.

Recovery in the longer term

The way that women feel about themselves, their bodies, and their wellbeing after a hysterectomy varies a lot.

It's a big physical change that can affect your emotions and take time to come to terms with.

In some situations having a hysterectomy can help women to feel better about themselves. For example, if you have less pain and discomfort you might feel more able to enjoy the normal activities of life, such as work and being active.

And it might also help improve related symptoms of depression and anxiety. This in turn might help improve your enjoyment of other areas of your life, for example socializing or sexual relationships.

It takes time for your body to settle down, though. For example, it's best to wait until about 4 to 6 weeks after the operation before you have sex. By this time, your discharge will have stopped and your vagina should have healed.

If sex is uncomfortable it might be because your vagina is dry. This is more likely to happen if your ovaries were removed during your hysterectomy. You can use a vaginal lubricant, which you can buy at a pharmacy. Or you might want to talk to your doctor about hormone replacement therapy (HRT).

You might find it helpful to talk with your partner, or to friends or family about how you feel after your operation. Emotional support can be helpful in helping you to recover and hopefully feel better.

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