

Should you have a hysterectomy?

How to Decide



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“ Most likely, you have time to think about what you want to do. ”

A hysterectomy is an operation to remove the uterus (womb). Most hysterectomies are not emergencies. You have time to think about what you want to do.

This booklet covers the benefits and risks – as well as options other than surgery. It is designed to help you talk with your doctor. We hope it helps you decide whether or not to have a hysterectomy.



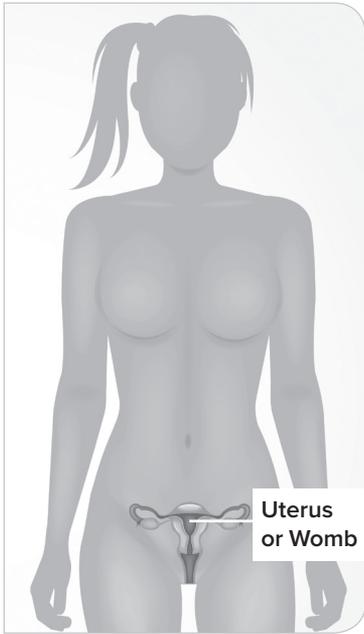
Questions?

Wondering why you may need a hysterectomy? Or, how long you will be in the hospital? Questions like these are listed in the back of this booklet. Take them to your next doctor visit and write answers in the space provided.

Ask others

Don't hesitate to ask others for more information. Your doctor, nurse, hospital or clinic can tell you who is available. Many communities have support groups for women who have had hysterectomies. These groups can help, and they can help you find someone to talk with, if you need support.

This publication does not contain all there is to know about hysterectomies and other treatments. To learn more, visit the American Congress of Obstetricians and Gynecologists www.acog.org.



Your **uterus** is below your belly button, in your lower abdomen.

Your uterus:

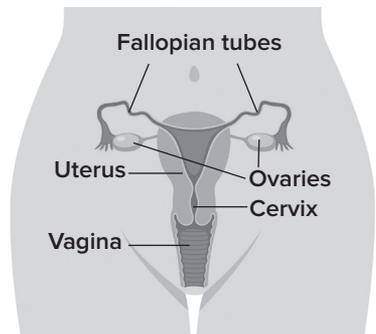
- cradles and feeds an unborn child from conception to birth,
- helps deliver a baby, and
- produces your monthly menstrual flow, or period.

Ovaries are glands on each side of your uterus. They produce eggs which allow women to bear children. They also produce hormones or chemicals. They regulate your period, your sexual health and other parts of your health, such as helping bones grow.

Your ovaries release an egg each month. If it is not joined by male reproductive cells, your uterus sheds its lining by bleeding. This is your period, or menstruation.

After a hysterectomy, a woman's periods stop. She can no longer have children. Her ovaries generally keep making hormones. But, some women's ovaries make fewer hormones.

Some hysterectomies remove both the uterus and ovaries. Without ovaries, a woman has a much smaller supply of key female hormones. This can affect a woman in various ways, which we'll discuss later.



Hysterectomy is one treatment for many diseases and conditions.

A hysterectomy may save your life if:

- you have cancer of the uterus or ovaries, or
- your uterus is bleeding fast and it can't be stopped.

In most other cases, a hysterectomy is done to **improve** a woman's life. But, it is not needed to **save** her life. This is called an **elective hysterectomy**. It can relieve pain, discomfort, or heavy bleeding.

There may be other ways of treating or dealing with these problems. You should weigh all options and their side effects with your doctor. Decide what is right for you.

Why you may need a hysterectomy

Your doctor may suggest a hysterectomy to:

- save your life,
- improve your life, or
- fix serious problems that prevent your body from working normally.



Cancer of the uterus or ovaries

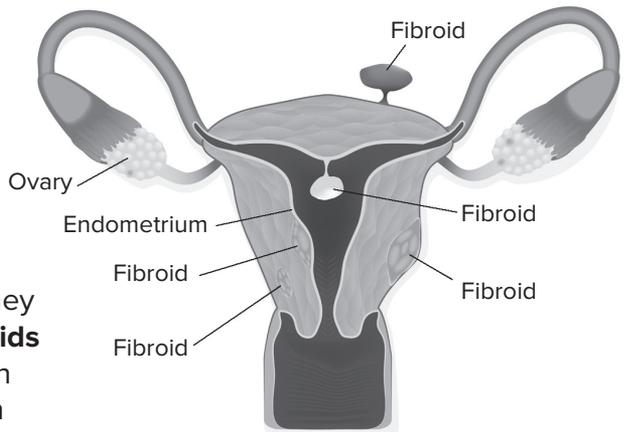
A hysterectomy removes **organs** (parts inside the body with special purposes) that have cancer. Sometimes, it also removes other organs that are near the uterus or ovaries. This is done to stop cancer from spreading.

Fibroids (fie-broyds)

These are common tumors of the uterus.

Tumors are an overgrowth of cells, material that makes up our body parts.

Fibroid tumors are called **benign** (be-nine), because they are not cancer. **Fibroids** are the most common reason why a woman needs a hysterectomy.



One type of fibroid grows from the wall of the uterus. These **myomas** (my-OH-muhs) are made of muscle and fibrous tissue. Many women over 35 have fibroids, but they usually do not have symptoms.

“ ***Fibroids are the most common reason why a woman needs a hysterectomy.*** ”

But, some women have fibroids that may cause symptoms. A woman may have heavy bleeding, pelvic discomfort and pain. Sometimes the fibroids put pressure on other organs. These symptoms may need treatment. But, a hysterectomy is not always suggested.

Some new and promising experimental drugs may shrink tumors for a while. But, these drugs may have serious side effects. They are also generally very costly. There is also a type of abdominal surgery that can remove tumors without removing the uterus. This is called a **myomectomy** (my-oh-mect-oh-me). See *page 15 for more information*.



These treatments may be enough to solve the problem. Or, they may offer relief for just a while. This way a woman can postpone a hysterectomy. This is especially helpful if she still wants to bear children. Some women choose to do nothing because fibroids often shrink as a woman goes through menopause.

Endometriosis (en-doe-mee-tree-oh-sis) (when uterus-like cells grow outside the uterus)

Another common reason why a woman may need a hysterectomy is **endometriosis**. This is not cancer. It is a condition in which cells that are like the lining of the uterus grow like islands outside the uterus. The cells most often grow in the ovaries, fallopian tubes, bladder, bowel and uterus. These cells may cause pain and discomfort by bleeding during a woman's period. Endometriosis may also cause scarring, **adhesions** (sticking together of organs and tissues) and **infertility** (cannot make a baby).

Symptoms can vary a lot. Some women choose to do nothing. Others find relief from drug therapy, medicine for pain or a different type of surgery. When these do not help, a hysterectomy may need to be done.

Prolapse (fall or slip out of place)

As a woman ages, the muscles that keep her vagina or birth canal in place weaken and sag. This is called **prolapse**. When it occurs, her bladder and/or rectum may be pulled down with her uterus. This happens to most women to some degree. For the vast majority, the sagging is minor and does not cause symptoms.

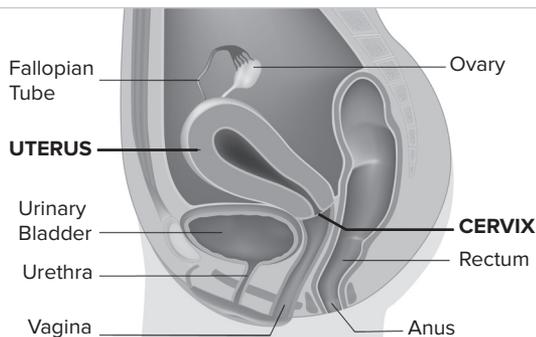
If prolapse gets worse, some women get a heavy or dragging feeling in their pelvic area. They can then have problems controlling their bladders and/or bowels. Sometimes, one of the organs comes through the vaginal opening.

Some women get relief from many of these symptoms. They use special exercises to strengthen their pelvic muscles. These exercises are called **Kegels**.

Others take hormones or use a plastic or metal ring that may help hold the uterus in place. The ring is called a **pessary** (pes-uh-ree). None of these treats the actual problem. In most serious cases, a doctor suggests a hysterectomy to fix a supporting structure like the vagina. A woman has to decide for herself if her discomfort is great enough to have a hysterectomy.

“ *Special exercises to strengthen pelvic muscles are called Kegels.* ”

Uterus and Cervix



Cancer of the cervix (lower part of the uterus)

The lower part of the uterus is called the **cervix**. Changes in the cervix are often found on routine Pap smears. They are called precancerous changes. This means a woman has a chance of getting cancer. The changes must be treated, but rarely with a hysterectomy. When found early and treated effectively, most do not become life-threatening cancer that is **invasive** (it spreads). They can be treated on an outpatient basis, so you don't stay in the hospital overnight. Hysterectomy may be the best treatment only if it's invasive cancer of the cervix.

Precancer of the Uterus

When the lining of the uterus grows too much, it can cause a precancerous change. This change causes irregular and/or too much bleeding. It can usually be treated with hormones. If the growth is severe, or it doesn't get better after hormone treatment, it may lead to cancer of the uterus. If this happens, a doctor may suggest a hysterectomy.

Pelvic adhesions (scars in the abdomen's lining)

The abdomen's lining can get irritated by infection, injury or endometriosis. When this happens, it may cause scarring. Scars that cause some organs to stick to one another are called **adhesions**. Symptoms may include severe pain, **infertility** (cannot make a baby), and bowel and **bladder** (the organ that collects urine) problems. Some women are helped by pain relief medicine or less severe surgery, such as laser therapy. In very serious cases, a hysterectomy may be needed. But, a hysterectomy can cause adhesions, too.

Very heavy bleeding

The amount and length of a woman's period varies from woman to woman. This is normal. Every woman may have a different type of period each month, too. Very heavy or frequent bleeding may be caused by many things. The most common causes are fibroids and hormonal changes.

It is very important to get an accurate diagnosis before you decide how to have very heavy bleeding treated. A doctor may suggest drug therapy or minor surgery. Rarely, a woman's uterus may be bleeding uncontrollably. If this is true, a hysterectomy can save her life.

Pelvic pain (pain in the lower belly)

Many women have pain in their lower belly. This is called **pelvic pain**. It is common and can have a number of causes. These include endometriosis, fibroids, ovarian cysts, infection or scar tissue.

Pain in the pelvic area may not be due to problems with a woman's uterus. This is why you should be sure to get an accurate diagnosis before you consider a hysterectomy.



If you have cancer, a hysterectomy may save your life. It can relieve bleeding or discomfort from fibroids, severe endometriosis or **prolapse** (sagging) of the uterus. But, you may want to look into options other than surgery for problems like these. Symptoms like pelvic pain or unusual bleeding may not be due to a problem with your uterus. Get an accurate diagnosis. Knowing the true cause of your problem will help you decide if a hysterectomy is right for you.

A hysterectomy is a major operation. All major operations have risks. The good news is that a hysterectomy has one of the lowest risks of any major operation.

“ ***Hysterectomy has one of the lowest risks of any major operation.*** ”

Some risks of a hysterectomy

- Hysterectomy patients may have a fever during recovery.
- Some women may have a mild bladder infection or wound infection. If you get an infection, it can usually be treated with antibiotics.
- It's less common, but sometimes a woman is anemic and needs a blood transfusion before surgery. Or, a woman may need a transfusion during surgery due to blood loss.
- Complications from anesthesia (ann-eh-stee-shuh) may occur. Anesthesia are drugs given before and during an operation so you won't feel the operation.
- Other serious complications may occur. They can happen when anyone has major abdominal or pelvic surgery. They include: blood clots, severe infection, adhesions, bleeding after surgery, bowel obstruction or injury to the urinary tract. Rarely, even death can occur.

In addition to risks from surgery, there may be physical and emotional effects that last a long time. You could feel depressed and lose sexual pleasure. Your ovaries and uterus could be removed before you enter **menopause** (change of life). If so, you will have a higher risk of **osteoporosis** (ah-stee-oh-poor-oh-sis) and heart disease. These will be covered later, along with possible treatments.

You should know that a hysterectomy is not reversible. After a hysterectomy, you will no longer be able to bear children. You will no longer have a period. You need to think about how these changes will affect you.

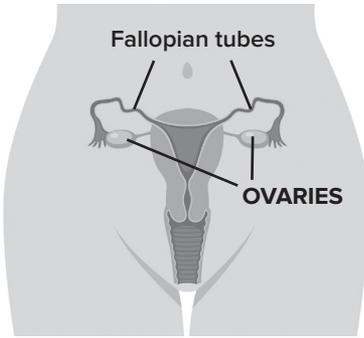
Talk about your concerns with your doctor or a counselor and your partner. You may want to bring your partner to your doctor's office to talk about concerns before deciding whether to have the operation.

“ A hysterectomy is not reversible. ”

Removal of tubes and ovaries

Should your ovaries be removed along with your uterus? If your doctor says you have cancer of the uterus, your ovaries should be removed. The hormones they release may make your cancer grow. They also may have to be removed if you have severe endometriosis. The ovaries produce hormones that cause this condition.

Usually, the fallopian tubes and ovaries are removed at the same time. That's because they are next to each other. The tubes connect the ovaries and the uterus. Sometimes a woman needs a hysterectomy due to a problem other than uterine cancer or endometriosis. When this is true, doctors don't always agree about the benefits of removing ovaries and tubes.

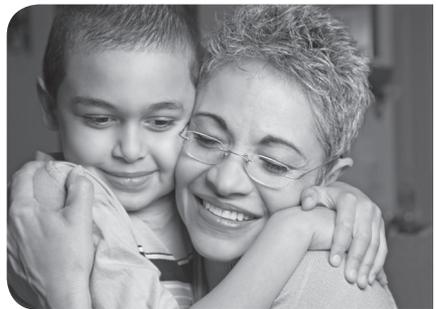


As women age, their ovaries are less active. That's why some doctors believe healthy ovaries should be removed as part of a hysterectomy for older women. It is done to lower the risk of ovarian cancer. This is because ovarian cancer is very hard to detect at an early stage. It is also often resistant to the best medical treatments.

Other doctors disagree because this cancer is not common. Also, removing ovaries does not always protect a woman from ovarian cancer. A woman without ovaries can still get ovarian cancer. This is because the cells that cause ovarian cancer can already be in a woman's body even after her ovaries are removed. But, this is rare.

In addition, ovaries make several hormones which keep a woman healthy. They protect a woman from serious diseases like heart disease and **osteoporosis** (ah-stee-oh-poor-oh-sis means when bones get weak and break easily). They also help a woman enjoy sex.

As women age, their ovaries slowly make fewer hormones. When a woman enters menopause and her periods stop, the ovaries make much less estrogen. This means less protection from heart disease and osteoporosis. For a while after menopause, the ovaries keep producing androgen. This hormone is key to a woman's desire for sex. Normally, androgen may also create more facial hair. Removing ovaries causes menopause to occur more abruptly.



Menopause symptoms may include:

- hot flashes,
- night sweats,
- insomnia,
- fatigue,
- depression, and
- vaginal dryness.



Hormone replacement therapy (HRT) often helps after menopause or ovary removal. HRT cannot fully take the place of the ovaries' hormones. But, it will reduce the risks of heart disease and osteoporosis. It will also reduce symptoms like hot flashes and vaginal dryness. HRT may also add to sexual pleasure. But, some women cannot use HRT. This may include some women with liver disease. And, it may include women who have had tumors that depend on hormones, such as breast cancer.

Sexuality

Everyone reacts differently. Reactions are both emotional and physical. We still have a lot to learn about how a hysterectomy affects sexual function. After this operation, some women say they enjoy sex more. This is true, especially if they had a lot of bleeding and pain beforehand. Some women feel more relaxed. They no longer worry about getting pregnant.

Some women enjoy sex less. There may be many reasons for this. The reasons are not fully understood. Some women enjoy sex more when their uterus contracts and they feel pressure against the **cervix** (the lower part of the uterus). Others may enjoy or want sex less, especially after their ovaries are removed. This is because they have a smaller

amount of certain hormones. Loss of hormones can also cause vaginal dryness and make sex uncomfortable. Hormone replacement therapy may relieve some of these symptoms. A vaginal gel or lubricant can reduce vaginal dryness.

Some women enjoy sex less only until they and their partners adjust. It may be hard to predict how a hysterectomy will affect your feelings. Sexual feelings vary a lot from one person to another.



“ It may help to talk with a friend or another woman who has had a hysterectomy. ”

Emotional Effects of a hysterectomy

After a hysterectomy, some women have a strong emotional reaction, or they feel down. Most feel better after a few weeks. But, some women feel depressed for a long time. Others feel relieved.

Not being able to bear children can cause emotional problems for some women. Some women feel changed or that they have suffered a loss. It often helps to talk things over with your doctor, partner, a friend or a counselor. Before and after your operation, it may help to talk with a friend or another woman who has had a hysterectomy.

Each option has its own benefits and risks.

Myomectomy is surgery to remove fibroids. The uterus is not removed.

- General anesthesia is used, like a hysterectomy.
- It is a major operation, like a hysterectomy.
- It is more difficult than a hysterectomy.
- There may be a higher risk of bleeding and infection.
- Tumors may remain or come back. This means you may need more surgery in the future. Sometimes it means you may need a hysterectomy.

Laparoscopy:

Your doctor may be able to see and treat your condition using a slender camera to look inside your abdomen and guide the surgical tools during the operation. One or more tiny cuts (**incisions**) would be made in your abdomen and special tools would be used to remove the organs. This is called **laparoscopy** (lap-uh-row-skah-pee). The operation often takes place on one day. General anesthesia (ann-eh-stee-shuh) is used. (**anesthesia**: drugs given before and during an operation so you won't feel the operation)

If you have problems with your uterus, your doctor could remove it through a cut in your abdomen. This is an **abdominal hysterectomy**. Or, your uterus could be removed through your vagina. To help with the operation, tiny cuts would also be made in your abdomen. This is called an **LAVH**. It stands for **laparoscopically-assisted vaginal hysterectomy**.

Women who have their uterus removed through their vagina, often have less pain than those who have it removed via their abdomen. They also get out of the hospital faster and recover faster.

Each drug therapy has side effects. You should review these with your doctor. Some treatments are more experimental. Their benefits and risks may not be as well understood. You need to carefully review with your doctor what is known about any therapy you choose.

You might be able to choose a myomectomy or laser or drug treatments as your first treatment.

“Carefully review with your doctor what is known about any therapy you choose.”

And, you may keep the option of having a hysterectomy later. Or, you may choose to simply bear your symptoms for a while before you decide. Bleeding and discomfort from endometriosis or fibroids may lessen as you enter menopause.



If you are considering a hysterectomy, you may wish to get a second doctor's opinion. He or she will review your medical history, examine you and advise you. He or she may or may not agree with your primary doctor about your treatment. This is a chance for you to talk about your condition with another expert.

Before any major surgery, many health insurance plans require and pay for a second opinion. You may not know another doctor to ask for a second opinion. In this case, contact your insurance company or your county medical society. The society can be found through an Internet search. Or, you can look in your phone book's white pages under "Medical Society of the

County of XYZ." These sources will give you the names of doctors in your area. It is best to ask for a doctor who is board-certified in obstetrics and gynecology.



You make the final decision about which doctor is best suited to your needs and situation. Think about how comfortable you are with what the doctor says as well as where the surgery will take place. Also consider what your health insurance will cover, and how much you may be billed by the doctors and hospital involved in your care.

Before you decide to have a hysterectomy, it is important to talk about your risks and benefits with your doctor. Each doctor you talk to may have a different opinion about when this operation is needed.

All hysterectomies are major operations that remove at least the uterus. Some hysterectomies remove other organs, too. It is important to talk with your doctor about the kind of hysterectomy you need.

Total hysterectomy

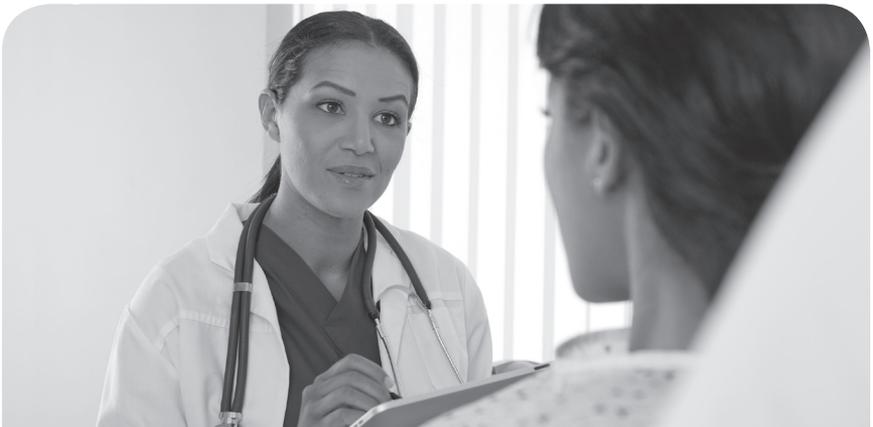
Both ovaries and fallopian tubes are removed, along with the uterus and **cervix** (lower part of the uterus). Some people call this a “**complete hysterectomy**.”

Vaginal hysterectomy

A hysterectomy can sometimes be done through the vagina (**vaginal hysterectomy**). At other times, a cut (incision) in the lower belly is best. This is called an **abdominal hysterectomy**. If you have large fibroid tumors, it will be hard to safely remove the uterus through the vagina.

When a vaginal hysterectomy can be safely done, it:

- generally involves fewer complications,
- has a shorter recovery period, and
- leaves no visible scar.



Subtotal hysterectomy

In this operation:

- only the upper part of the uterus is removed,
- the **cervix** (lower part of the uterus) is not removed,
- tubes and ovaries may or may not be removed, and
- it is always done through the abdomen.

Radical hysterectomy

This is done only when a woman has a serious disease such as cancer. It is always done through the abdomen.

This procedure removes the entire uterus and usually both tubes and ovaries, and the pelvic **lymph nodes** (small glands). Other organs, or parts of other systems, are sometimes also removed because cancer is hard to predict.



Women are prepared for surgery in different ways depending on which hospital is chosen.

Many hospitals do these things before operating:

- Blood and urine samples are taken.
- Sometimes, enemas are given.
- The abdominal and pelvic areas may be shaved.

After the operation, the hospital stay is usually less than a week. How long you stay depends on the type of hysterectomy. It also depends on whether or not you have any complications.

Recovery

A hysterectomy is a big operation. This means you will be uncomfortable and have pain afterwards. But, there is medicine that will help you feel more comfortable. By the second or third day, most patients are up walking. Usually, patients can return to normal activity in four to eight weeks. Each patient is different. Some patients will recover faster or slower than others.

You can usually have sex in six to eight weeks.

During recovery, you may need to rest often at first. Plan ahead and ask friends, neighbors, or relatives to help you when you get home. It will probably take a while to regain your energy.

Most women find that special exercises help them recover faster and feel better. Talk with your doctor about what will be done before your surgery and how your recovery will go. Be sure to discuss which exercises will help you.

You may want to ask these questions at your next doctor visit. Write answers in the space provided. Check them off as your questions are answered.

Why do I need a hysterectomy?

What organ or organs will be removed?

Why?

Will I keep my ovaries?

If not, why?

Will my cervix be removed?

If so, why?

Do I have to get a hysterectomy?

Are there other choices?

What are the advantages, risks, benefits of each?

What are the physical effects of a hysterectomy?

Are they permanent?

What will happen to my figure, my weight, and my breasts?

How will it affect my sex life?

Will I experience menopause?

Can menopause symptoms be treated?

What are the risks and benefits of treatments?

Will I have a vaginal hysterectomy? Or abdominal?

Why?

What can I expect in the hospital?

What will be done before the operation?

How long will I stay?

What kind of anesthesia will I have?

What is my risk of infection?

What will happen if I need a transfusion?

How long will I use a urinary catheter?
(a thin tube put in your body to remove urine)

What kind of care will I need after the operation?

How should I prepare for coming home
from the hospital?

How soon can I go back to work?

When can I be physically active?



