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Gynaecology, Uro-gynaecology and Urodynamic Specialist Services

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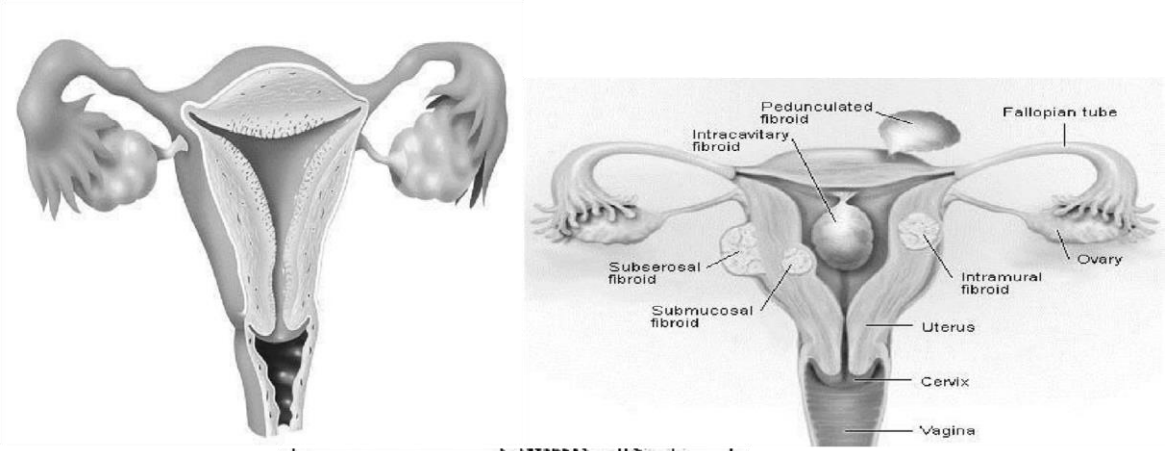
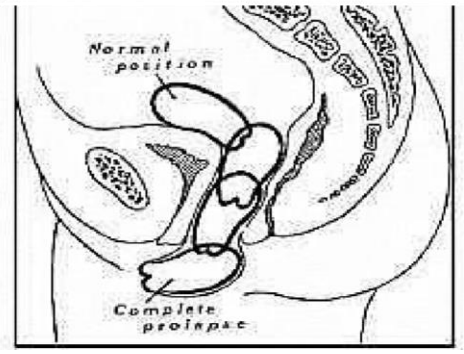
Patient information leaflet

Hysterectomy

What is hysterectomy?

Hysterectomy is the medical term used to describe the removal of the womb (Uterus). When this is unrelated to cancer, it is called simple hysterectomy and when it is related to cancer, it is called radical hysterectomy. This information leaflet deals only with simple hysterectomy.





What parts of the body will be taken out?

This would depend on the reason for the hysterectomy, the age and preference of the patient as well as the presence of other medical conditions. Below are possible organs that may be taken out at the time:

- Body of the uterus – This would always be removed during hysterectomy. Removal of the body of the uterus alone is sufficient to stop further heavy periods.
- Cervix – this is the lower end of the uterus from which pap smears are taken. If this is removed along with the uterus during hysterectomy, the procedure is called total hysterectomy and when it is not removed, it is called subtotal hysterectomy. Removal of the cervix means that the patient would not normally require future pap smears. Some prefer to retain the cervix during hysterectomy as some feel that it has beneficial role during sexual intercourse. In certain cases of uterine prolapse, the cervix may also be spared as it can be used as an anchor in fixing vaginal

prolapse using a mesh at the same time. Sometimes the cervix may also be left behind if it is considered too risky to remove especially in situations of severe scarring and endometriosis during abdominal hysterectomy.

- Fallopian tubes – these have reproductive values and are sometimes removed during hysterectomy as some feel that its removal may reduce the risk of certain cancers developing in the future. Removal of the fallopian tubes is called bilateral salpingectomy.
- The ovaries – these produce most of the female hormones and remains active till the menopause. This is sometimes removed during hysterectomy before menopause and usually removed if the woman is menopausal. Removal of the ovaries is called oophorectomy. The ovaries may sometimes be removed if they are found to contain suspicious looking cyst(s). Removal of the ovaries before the menopause means that the patient will usually require hormone replacement till around the age of menopause.

Why do I need hysterectomy?
Hysterectomy is usually indicated when conservative management of certain bothersome gynaecological conditions have either failed or are not appropriate. These conditions include: Fibroid, heavy periods, prolapse, endometriosis, adenomyosis, pelvic pain and persistent high grade cervical intra epithelial lesion (CIN).

How will the operation be performed?
This would depend on the reason for the hysterectomy, the size of your uterus, presence of prolapse, previous surgery, your health in general and the surgeon's preference/expertise. Here are the different ways a hysterectomy can be performed:

- Vaginal hysterectomy – this is carried out only through the natural orifice in the vagina without the need to use additional key hole or open up the patient's abdomen.
- Laparoscopic assisted vaginal hysterectomy – This is carried out through the natural orifice in the vagina with assistance from laparoscopy/key-hole surgery from the abdomen. The uterus is taken out from the vagina and the opening made at the top of the vagina during this process is stitched from the vagina.
- Total laparoscopic hysterectomy – This is performed through laparoscopy/key hole in the abdomen. The uterus is usually removed through the abdominal wound (sometimes cut to pieces to enable this). The opening made at the top of the vagina during the operation is stitched from the abdomen with key-hole.
- Abdominal hysterectomy – this is carried out by making an opening through the abdomen. A bikini-line incision is usually used but some surgeons may prefer an up and down (midline) incision especially when the uterus is deemed too large to be remove through a bikini-line incision. Most women prefers the bikini line incision both for cosmetic and recovery reasons. The author has always employed the bikini-line approach with great success regardless of the size of the uterus/fibroid.

What are the risks associated with hysterectomy?
Hysterectomy is generally a safe and beneficial surgery when indicated. The risks associated with it partly depends on patient's background risk, the complexity of surgery and the surgeon's expertise. Most of the major risks are uncommon and this can be discussed further with your surgeon.
The table below based on the Royal College of Obstetricians and Gynaecologist (RCOG, UK) Clinical Governance Advice helps in understanding how risk is discussed in healthcare.

Term	Equivalent numerical ratio	Colloquial equivalent

Very common	1/1 to 1 in 10	A person in family
Common	1/10 to 1/100	A person in street
uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

As with any surgery, bleeding, infection and clotting disorders (deep vein thrombosis and pulmonary embolism) can occur. Specific complications include ureteric, bowel, bladder and major blood vessel injuries. These are mostly uncommon and can be rectified when identified at surgery. In addition, bladder symptoms such as difficulty emptying the bladder, urgency, frequency and incontinence can occur In addition to constipation and painful sex.

When can I return to work and normal activities, drive, swim, and have sex?
Generally this takes a few weeks but would depend on individual circumstance and you would need to check with your surgeon. This leaflet was written by:

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