If you have been diagnosed with large fibroids, severe endometriosis, uterine or vaginal prolapse, or early-stage gynecologic cancer, your physician may recommend a hysterectomy. You’ve probably heard myths about this surgery and it may sound scary, but it is actually the second most common surgical procedure in the United States. An estimated one-third of all U.S. women will have a hysterectomy by age 60.

What is a hysterectomy?
Hysterectomy is the surgical removal of a woman’s uterus. The cervix usually is removed as well. Sometimes the fallopian tubes and ovaries are removed depending on the reason for surgery. After a hysterectomy, you no longer have menstrual periods and cannot become pregnant.

Severe pain, bleeding or other serious problems related to conditions of the uterus can be improved with a hysterectomy. For women who have cancer or conditions that can lead to cancer, a hysterectomy can be lifesaving. Women who have a hysterectomy eliminate the risk of uterine cancer.

Other reasons for hysterectomy:
• Endometriosis
• Fibroid tumors (myomas)
• Pelvic inflammatory disease (PID)
• Bleeding abnormalities
• Severe pelvic organ prolapse

Types of hysterectomies
There are different types of surgical procedures to perform a hysterectomy. Hysterectomy may be performed through an open abdominal incision or minimally invasive surgery, including the da Vinci robotic surgical system. Your physician will recommend the appropriate surgery based on your history and condition.

• Total abdominal hysterectomy: Both the uterus and cervix are removed through an incision in the abdomen.
• Vaginal hysterectomy: The uterus and cervix are removed through an incision in the vagina.

• Bilateral salpingo-oophorectomy: In addition to removing the uterus, the fallopian tubes and ovaries are removed.
• Laparoscopically assisted vaginal hysterectomy: A tiny camera, called a laparoscope, is inserted into the abdomen through a small incision to assist with removing the uterus through the vagina.
• da Vinci assisted: This is a minimally invasive procedure that uses a robotic system designed to help the surgeon perform more precise and less invasive procedures. It is performed through tiny incisions in the abdomen, usually resulting in less blood loss and pain, so recovery and return to normal routine is quicker.

Risks and complications
There are risks associated with any major surgery. Slight fever or temporary difficulties emptying the bladder or moving the bowels may occur after surgery but usually go away on their own. Complications related to anesthesia may occur, such as blood clots, infection, postoperative hemorrhage, bowel obstruction, injury to the urinary tract or, rarely, death.

Physical and emotional effects
After a hysterectomy, a woman can no longer have children and menstruation stops. If the ovaries remain, the body continues to produce hormones until it goes through menopause. If the ovaries are removed prior to menopause, there are hormone-related effects that may be treated with hormone replacement therapy.

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Facts and fiction about hysterectomy

In spite of modern medical advances, there are “old wives’ tales” about hysterectomy, such as loss of sex drive, weight gain or more rapid aging.

The truth is most women don’t lose their sex drive. In fact, many enjoy sex more because they are free from pain, discomfort and the possibility of becoming pregnant. Open, honest communication with your doctor and your sexual partner can alleviate anxieties.

Temporary weight gain is possible during recovery because of a reduced activity level. However, once normal activities are resumed, proper diet and exercise should help any extra weight disappear.

While hormones will not be affected in the long run, it is common for hysterectomy patients to feel somewhat depressed after surgery. This condition is mostly a reaction to loss of energy. When strength returns, a “normal outlook on life” usually returns as well.

When the ovaries are removed, loss of sex hormones can cause “hot flashes” and feeling nervous or stressed following surgery. These symptoms usually can be controlled with low doses of estrogen.

What to expect before and after surgery

Pre-admission testing: Your doctor will schedule pre-admission testing two or three days prior to the surgery date. Tests will include blood work, EKG (electrocardiogram) and/or a chest X-ray, medical history, current weight, blood pressure, pulse and current medications. You also will be asked to sign a consent form to permit the surgery.

After surgery: You will play an active role in your recovery. Your nurse will assist you on what you need to do, including taking deep breaths and coughing to avoid developing pneumonia. It is normal to experience some discomfort around the incision and feel tired during the first 48 hours following surgery. Medication is available to relieve pain or discomfort.

It is normal to have intestinal gas and difficulty urinating after surgery. The bowels may slow down as a result of surgery and/or pain medication. Some vaginal bleeding or discharge also is normal. You will wear a sanitary pad to absorb any blood that collected in the vagina during surgery. Discharge may last up to six weeks. Never insert a tampon.

Recovery: Recovery is based on each patient’s individual condition and treatment. An “open” abdominal hysterectomy may require three to four days in the hospital and four to six weeks’ recuperation time. A minimally invasive hysterectomy usually requires one or two days in the hospital, followed by two to three weeks of recuperation.

Need more information?

Norton Women’s Care offers these treatment options to get you back to enjoying life. Talk with your primary care physician or OB/GYN about your symptoms. To find a physician or for more information, call (502) 629-1234 or visit NortonWomensCare.com.

Missy Ulfe, R.N., assists women who need help navigating the health care system. Her office is in Marshall Women’s Health & Education Center. For more information, call (502) 899-6310 or email melissa.ulfe@nortonhealthcare.org

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