Hysterectomy

The time to take care of yourself
Women spend a lot of time taking care of others – spouses, children, parents. We often overlook our own needs. But when our health is in question, it’s important to take care of ourselves. That means taking time to do a monthly breast exam and making that appointment for a yearly pap smear. We must do the same when a doctor says, “You need a hysterectomy.”

In this situation, women have options – even when a doctor wants to quickly schedule surgery, we should:

- take the time to learn about the options
- discuss them with a doctor
- develop a surgery plan that is right for you

Hysterectomies are the second most common surgery among women in the U.S., behind only C-sections.¹

Despite how common hysterectomies are, some women don’t know they have surgical options. In most cases, a hysterectomy is not an emergency.² Women have time to explore and thoroughly understand their options.
A physician may recommend a hysterectomy for a variety of illnesses and medical conditions. The most common reasons for a hysterectomy include:

- Fibroid tumors
- Endometriosis
- Uterine prolapse
- Cancer – uterine, endometrial or cervical
- Abnormal or persistent uterine bleeding
- Chronic pelvic pain

For many of these conditions, there are multiple treatment options, including medications, hormone therapies and a variety of surgeries. You can develop a treatment plan with your physician that is based on the severity of your symptoms, your age and your reproductive plans. Sometimes a hysterectomy is your physician’s first recommendation – as in some cancer diagnoses. Other times, a physician recommends a hysterectomy after other treatments have been unsuccessful – as in uterine prolapse or fibroid tumors.
Choosing the type of surgery that’s right for you

Sometimes there are terms and phrases that can be confusing when talking to your physician about hysterectomies. Do not be embarrassed to ask questions.

First, you and your physician will decide what kind of hysterectomy will give you the best possible outcome. The physician will discuss whether you might benefit from removing your uterus only, or whether additional organs, such as ovaries or fallopian tubes, should also be removed.

Types of hysterectomy and other gynecological surgeries

A **hysterectomy** is the surgical removal of the uterus.
A **total hysterectomy** is the removal of the uterus and the cervix.
A **subtotal or partial or supracervical hysterectomy** is the removal of the uterus above the cervix, but leaving the cervix intact.
A **radical hysterectomy** is the removal of the uterus, cervix, fallopian tubes, ovaries, support ligaments and the upper part of the vagina.
An **oophorectomy** is the removal of one ovary, and **bilateral oophorectomy** is the removal of both ovaries.
A **salpingo-oophorectomy** is the removal of both fallopian tubes and both ovaries.
A **total hysterectomy** with **bilateral salpingo-oophorectomy** is the removal of the uterus, both fallopian tubes and both ovaries.

Often the type of procedure you will have is determined by the kind of illness it’s meant to treat. For example, if the hysterectomy is being performed to treat cervical cancer, the hysterectomy type will need to include removal of the cervix.

One in three American women will have had a hysterectomy by age 60.¹
Choosing a procedure

Once you and your physician have determined the type of procedure that fits your needs, you can explore what kind of surgical method is best for you. Advances in technology have made it possible for many women to choose minimally invasive hysterectomy options. These procedures, which use laparoscopes or tiny lighted cameras, allow surgeons to operate without large, open abdominal incisions.

Not all physicians have the experience and knowledge to perform all of the hysterectomy procedures that exist. For example, a laparoscopic hysterectomy, one kind of minimally invasive procedure, requires a surgeon with advanced training and skills.

In some cases, a physician will recommend a procedure based on their abilities, their experience and their predisposition for one type of procedure instead of the procedure that most closely matches the patient’s needs and requests.

It’s important that if you are interested in a minimally invasive hysterectomy you speak with a surgeon who has experience performing that method of surgery. Keep in mind, you may not be a candidate for all of the procedure options.

If your surgeon cannot perform a certain procedure, he or she can often refer you to a surgeon who can. You can also find a surgeon who specializes in minimally invasive hysterectomy procedures, at www.smarterpatient.com.

A minimally invasive procedure means:

- less recovery time
- less time in the hospital
- less scarring
- less pain

*when compared to open surgery, such as total abdominal hysterectomy.3

More than 60 percent of hysterectomies performed are total abdominal hysterectomies, requiring six to eight weeks for recovery.1

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## Methods of Hysterectomy Surgery

<table>
<thead>
<tr>
<th>Method</th>
<th>Incision</th>
<th>Type of Procedure</th>
<th>Hospital Stay</th>
<th>Recovery</th>
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<tbody>
<tr>
<td><strong>Vaginal Hysterectomy (VH)</strong></td>
<td>One-inch internal incision made at the top of the vagina No external scar</td>
<td>Uterus, cervix and surrounding tissues are removed through the vagina; ovaries are not removed</td>
<td>Hospital stay is 1 to 3 days</td>
<td>Quicker return to normal activity than an open hysterectomy</td>
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<tr>
<td><strong>Laparoscopically Assisted Vaginal Hysterectomy (LAVH)</strong></td>
<td>Small, dime-sized incisions in the navel and abdomen and a small incision at the top of the vagina Minimal, if any, scarring on the abdomen</td>
<td>Uterus and cervix are removed through the vagina</td>
<td>Hospital stay is 1 to 3 days</td>
<td>Quicker return to normal activity than an open hysterectomy</td>
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<td><strong>Total Laparoscopic Hysterectomy (TLH)</strong></td>
<td>Four small, dime-sized incisions in the navel and abdomen Minimal, if any, scarring on the abdomen</td>
<td>Uterus and cervix are removed through one of the incisions</td>
<td>Same day or next day release from hospital</td>
<td>Quicker return to normal activity than an open hysterectomy</td>
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<tr>
<td><strong>Laparoscopic Supracervical Hysterectomy (LSH)</strong></td>
<td>Small, dime-sized incisions in the navel and abdomen Minimal, if any, scarring on the abdomen</td>
<td>Uterus is removed through one of the incisions</td>
<td>Hospital stay is 1 to 3 days</td>
<td>Quicker return to normal activity than an open hysterectomy</td>
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<tr>
<td><strong>Open Abdominal Hysterectomy</strong></td>
<td>Incision is long across the middle of the abdomen, sometimes called a bikini cut Typically produces a 4 to 6-inch scar</td>
<td>Uterus and cervix is removed through the incision in the abdomen</td>
<td>Hospital stay is 3 to 5 days</td>
<td>Requires the longest recovery of available hysterectomy procedures</td>
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Risks and complications

All surgical procedures, including open and minimally invasive hysterectomies, may present risks. The risk for serious complications depends on the reason the surgery is needed, your medical condition and age, as well as the experience of the surgeon and anesthesiologist. Ask your physician or surgeon about the risks that may occur with surgery, including:

- Reactions to medications or problems from anesthesia
- Breathing problems
- Bleeding
- Infection
- Blood clots in the veins or lungs
- Death (rare)
- Inadvertent injury to organs and vessels near the uterus

Open surgeries, such as a Total Abdominal Hysterectomy (TAH), have a greater potential for:

- Muscle injury
- Post-operative incisional hernia

Not all patients are candidates for all surgeries. Talk to your doctor about whether you are a candidate for a minimally invasive hysterectomy. Some medical conditions, such as obesity, a history of prior abdominal surgery or an underlying medical condition, may not make you an appropriate candidate for a minimally invasive procedure.

Also, your surgeon may begin a procedure as a minimally invasive procedure, but in some cases, the surgery must be converted to an open procedure because of an inability to see the organs or due to bleeding problems during the surgery.
Talk to your doctor

It might help to ask these ten questions when you talk to your doctor about your options:

1. How long will it take me to recover from having a hysterectomy?

2. When will I be able to leave the hospital?

3. Will my ovaries or any reproductive organs other than my uterus be removed?

4. When can I resume my normal activities, including school, work, exercise, sexual activity, and recreation?

5. What type of hysterectomy will I have? Is it a total abdominal hysterectomy or a minimally invasive procedure?

6. Is there a type of minimally invasive procedure appropriate for my situation?

7. Which organs will be removed during my procedure?

8. Exactly where, and how big, will the incisions be that are made on my body to perform the surgery?

9. I’d like to make sure I am having the least-invasive procedure. Is that possible?

10. How many of these procedures have you performed in the last 12 months?

Don’t hesitate to ask for a second opinion. Doctors expect their patients to ask questions and expect that some will require a second opinion. In some cases, your insurance company may require you to get a second opinion before you have surgery. Check with your carrier to understand your coverage policy.
What to expect after surgery

Each woman is different and recovery can vary depending on the type, method of surgery and each individual’s medical condition and general health. But those who undergo vaginal or laparoscopic procedures typically recover faster.

A total abdominal hysterectomy stretches the abdominal wall and the incision crosses the abdominal muscles. During the first two weeks following this procedure, patients avoid lifting anything heavy – including children – and spend most of the time resting. In the following weeks, they can do some light chores and some driving. Some women return to work, depending on the kind of work they do. Around the sixth week they can take tub baths and resume sexual activity.

This timeline is shortened for patients who undergo minimally invasive hysterectomies. Because vaginal and laparoscopic hysterectomies do not stretch the abdomen or cut the abdominal muscles, there is less trauma to the body.

Studies show, women who undergo laparoscopic hysterectomy.*
- Return to work 15 to 28 days sooner
- Return to normal activities an average of 17.71 days sooner
* when compared to open surgery 3

In the long term, undergoing a hysterectomy means you will no longer be able to conceive. You will also no longer have a regular monthly menstrual cycle, or periods. You will still be able to engage in sexual activities.

You may also experience mood changes, some of them tied to your hormones. If you had your ovaries removed, you will experience “surgical menopause.” It is best to talk to your doctor about whether drug or hormone treatments are appropriate for you following the surgery.
Feel like yourself again sooner

The decision to have a hysterectomy, as with any surgery, is serious. Take the time to learn about your options. Talk to your doctor and consider what procedure is best for you. You are part of your own healthcare team and should be comfortable with the treatment you ultimately decide on.

It may help to talk to your doctor about your options outside the exam room, when you can be fully dressed. Take notes, ask questions and consider bringing a friend or family member to help you make the decisions.

When surgery is the right treatment option for you, remember that you have surgery options that can get you back to your life sooner. You may be a candidate for a minimally invasive hysterectomy that can allow you to take care of your family – and yourself – sooner.

As with any surgical procedure, a hysterectomy, whether performed as an open procedure or as a minimally invasive procedure, may present risks, such as bleeding, infection, blood clots, or reaction to anesthesia. The risk for serious complications depends on the reason the surgery is needed and the patient’s medical condition and age, as well as, on the experience of the surgeon and anesthesiologist.

If you or someone you love may have to undergo a hysterectomy, know the options. Visit www.smarterpatient.com for more information.

References:

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Feel like yourself again sooner