

Fact Sheet

Hysterectomy

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What is a hysterectomy?

Hysterectomy is an operation to remove the uterus (womb). With a hysterectomy the cervix (neck of the womb) is usually also removed. Sometimes the ovaries and tubes are removed and sometimes they are left behind.

Hysterectomy remains one of the most common surgeries performed in Australia.

Why would I need a hysterectomy?

A hysterectomy is a very successful operation that is performed for many different reasons. However, it is major surgery and is usually not the first choice for most problems. Your doctor will discuss other choices available to treat your condition as there may be simpler treatments you may like to try.

However, after trying these simpler treatments it sometimes becomes clear that hysterectomy is the best option for you.

Will a hysterectomy affect how I feel?

While most women look forward to the hysterectomy fixing the health problems their uterus is causing, some worry that they might feel different after the surgery, including feeling less of a woman.

It is common and normal to have some concerns about how a hysterectomy will affect you. You can be reassured that most women are very happy with the result (95% feel satisfied 12 months after surgery)

For more information, see later sections of this Fact Sheet.

And do talk about these worries and feelings with your doctor.

No woman wants to have her uterus removed. However, for a woman who has completed her family, removing the uterus is not usually associated with significant mental health issues. In fact it is often welcomed as a good solution to a troubling health problem.

However, for a woman who has not yet had children or feels she has not completed her family, the loss of her uterus can be a source of grief which can seriously affect her wellbeing. Please let our staff know if you need emotional support at this time.

The commonest reasons women need to have a hysterectomy are:

- fibroids – benign growths in the muscle of the uterus
- heavy periods
- endometriosis – where the lining of the uterus grows outside the uterus causing pain and sometimes problems with fertility (falling pregnant)
- adenomyosis – where the lining of the uterus grows into the muscle of the uterus
- prolapse of the uterus – where the uterus drops down from its normal position to lower in the vagina or even outside the vagina
- cancer of the uterus, cervix, tubes or ovaries – hysterectomy is nearly always needed in these cases and you may also require further treatment like chemotherapy or radiotherapy.

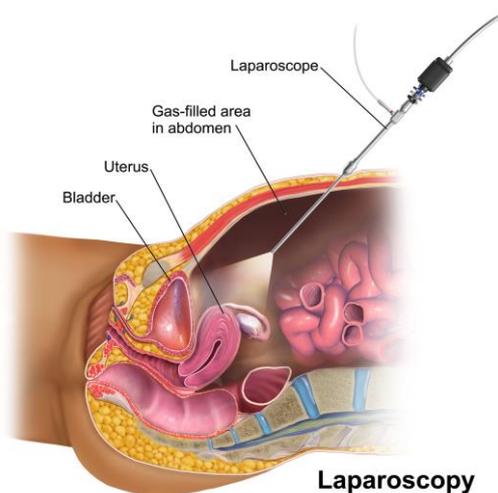


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How can hysterectomies be done?

Hysterectomies can be different in the way they are done and also in the parts of the uterus, cervix, tubes and ovaries that are removed.

- **Abdominal hysterectomy** – a cut is made in the lower abdominal (tummy) wall to remove the uterus. This cut is usually low and horizontal along the bikini line, but sometimes runs up and down from the belly button to the bikini line.
- **Laparoscopic hysterectomy** - this is keyhole surgery where small instruments are passed through the abdominal wall to perform the surgery and the uterus is then removed through the vagina. This operation is less painful and causes less scarring than an abdominal hysterectomy but can only be done in certain cases. The possibility of complications with this type of surgery may be a little higher and you should ask your surgeon about this.
- **Vaginal hysterectomy** – the operation is done from below through the vagina so you will have no cuts in the abdominal wall, you will feel less pain and will have a shorter stay in hospital after the surgery. Only some cases can be done in this way.

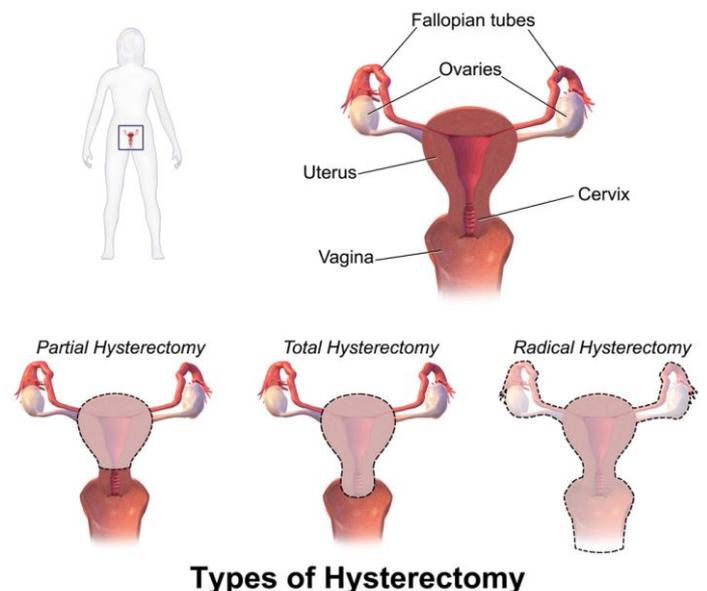


What is removed at hysterectomy?

Your doctor will discuss with you what organs should be removed during your operation and explain the different surgeries to you.

There are four different types of operation

- Hysterectomy (removal of uterus and cervix) without removing the ovaries. This is also called a total hysterectomy.
- Hysterectomy with removal of the tubes and ovaries (also called a total hysterectomy with salpingo-oophorectomy)
- Hysterectomy without removal of the cervix (also called subtotal or partial hysterectomy)
- Radical Hysterectomy – this type of surgery is usually done for cancer. The uterus, tubes, ovaries, cervix and part of the top of the vagina may be removed. Samples of tissue may be taken from inside the abdomen to help your treating doctors decide whether you will need other treatment like chemo or radiotherapy.



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Should my ovaries be removed?

There is no simple answer to this and your decision will depend on your medical condition, age, family history and personal preference.

The ovaries are important because they produce female hormone (estrogen) and also some male hormone (testosterone).

For the average woman the ovaries stop producing estrogen by about age 51 (between 47 – 55). Her periods also stop at this time, which is known as the menopause. The ovaries continue to produce small amounts of testosterone after the menopause. For some women, this may be important for sexual function (libido). Not a lot research has been done to help us know how important testosterone is for menopausal women.

Generally, if you are under the age of 50 years, your ovaries are still working quite well and are left behind at hysterectomy. They are usually only removed if they are unhealthy or very likely to become unhealthy, for example if you have worrying cysts or endometriosis or a cancer of the ovaries.

Occasionally, even if you are under 50 years, you may wish to have your ovaries removed if you have high risk of future cancer, for example if you have a strong family history of ovarian cancer.

You should talk to your doctor about your individual situation.

If you are over the age of 50 years, the decision whether to remove your ovaries is based largely on what you prefer. There is about 1% chance of healthy ovaries developing cancer in the future and removing the ovaries removes this risk.

On the other hand, some women feel the risk of cancer is low and prefer to keep their ovaries because they feel more womanly with them or hope the testosterone they produce may be good for

sexual function. Again, you should talk to your doctor about what you would like to do.

If you are pre-menopausal (still having periods) and your ovaries are removed you will go through an immediate menopause which means that you will have hot flushes and other menopausal symptoms like night sweats and dryness of the vagina.

Removing the ovaries may also lower your sex drive (libido) which can be upsetting for a woman.

In addition, early menopause also increases your risk of osteoporosis (thin bones which fracture easily) and heart disease (heart attack).

However, you don't need to be too concerned because we can prevent and manage these symptoms and problems by giving you estrogen hormone replacement to take until you reach the usual age of menopause.

Should my cervix be removed?

In a subtotal hysterectomy the cervix (neck of the womb) is not removed. Some women believe that removing the cervix may cause problems with their bladder, bowel or enjoyment of sex but there is little evidence that this is true.

Leaving the cervix behind is not often done in Australia because you then still need to keep having Pap smears (sample of the cervix looking for changes in the cells which could become cancer)

In addition, with the cervix still present, you may continue to have light periods or bleeding.

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What are the main benefits of hysterectomy?

There are a number of benefits to hysterectomy which is why it remains a frequently chosen treatment by women.

- No more periods: if the uterus is causing heavy, frequent or painful periods, having no more periods is often an enormous relief – physically, mentally and even financially.
- Prolapse correction: if the reason for the hysterectomy is prolapse, fixing the problem makes a woman feel more comfortable and more able to lead an active life.
- Mental health benefits: If the problems with the uterus are causing a woman pain, worry and inability to work or be socially active, she will feel a lot better after it is removed.
- Reduction in other pelvic pain: If the uterus is the cause of pain, its removal will often see a reduction in that pain. HOWEVER, you and your doctor need to be extremely careful about this as many organs, joints, nerves and muscles can cause pain in the pelvis. The uterus should be removed for pain only if seems is very likely the problem is due to the uterus. This is especially the case with back pain – much back pain comes from the back itself and will not be cured by hysterectomy.

As mentioned earlier, while a hysterectomy generally gives a very good outcome, for many problems there are other simpler treatments that will often give the same results for some women.

What are the risks or complications of surgery?

Although hysterectomy is a very common operation and is generally considered quite safe, there are risks with any operation. Some women are more likely to have problems than others and so it is important that you talk with your doctor about this.

When we explain the risks of surgery to you we will explain the problems that could happen in any type of operation and the problems that could happen because of the hysterectomy itself.

It is quite normal to experience some pain, bruising, numbness or tingling around the incisions (cuts) and also some tiredness for a few weeks after any operation.

Risks of any surgery

- Problems with anaesthetics [see anaesthetic fact sheet]
- Infections of the incisions or in lungs or in the bladder
- Clots blocking blood vessels in the legs or lungs which are called deep vein thrombosis (DVT) and pulmonary embolism (PE)
- Heavy surgical bleeding which sometimes requires a blood transfusion for treatment.

Risks that may happen with hysterectomy

- Damage to bladder or ureters (tube which connects the kidney to the bladder)
- Damage to bowel around the uterus
- Prolapse – this is where the top of the vagina drops down. Occasionally, this may happen years after your hysterectomy and you might need surgery to fix the prolapse.
- Infections, even abscesses, in the pelvis.

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Will I need to have Pap smears after my hysterectomy?

If the cervix has been removed at the time of surgery it is not necessary to have any more Pap smears if you have always had normal smears in the past.

If you have had treatment for abnormal Pap smears in the past or have had cancer of the cervix, vagina or vulva you will probably still need regular smears. You should discuss this with your doctor.

Will I need hormones after my surgery?

If you have had your ovaries removed during your hysterectomy and you have not yet gone through the menopause, then your doctor may suggest that you take some estrogen hormone treatment. This advice will depend on your age and on whether you are having menopausal symptoms after your operation.

Sometimes hormones are not recommended, particularly when you have had a hysterectomy for some types of cancer. Your doctor will talk with you about whether hormones are necessary for you and the possible risks of taking them.

If you do not wish to take hormones or are advised not to take them, your team may recommend other treatments to help you with symptoms and protecting your bones.



What about sex after hysterectomy?

Some women worry that they may not enjoy sex as much after hysterectomy or that they will find sex painful. In fact, most women find that their sex life improves after hysterectomy because the pain, bleeding or prolapse problems they had before the surgery are gone.

For men, most sexual stimulation of the penis comes from the tight muscles at the entrance to the woman's vagina. These muscles are situated far away from where the uterus and cervix are located and are not changed by the surgery. In general, men notice no difference in sexual pleasure after their partner's hysterectomy. In some cases, the man may actually find that his partner wants to have sex more often now that she no longer is worried by pain or bleeding problems.

Before beginning sexual relations again after a hysterectomy, it is important to wait for any bleeding or discharge to settle. Usually it is best to wait until you have been seen by your doctor 6 - 8 weeks after the operation so that she/he can reassure you that everything has healed well.

If your ovaries have been removed you may find that you experience vaginal dryness which can cause some discomfort with sex. Your doctor can prescribe estrogen hormone cream or small tablets to put in the vagina which will help with this problem.

It is uncommon to have problems with sex after a hysterectomy and you should talk with your doctor about any concerns or issues you are having.

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Most women (95%) say they are happy with the result of their hysterectomy because they are no longer bothered by the problems that they had before the surgery. They often feel healthier and have more energy.

Rarely, a woman will feel sad or depressed after her surgery. If you feel this way then it is important to talk with your GP or specialist about your feelings and ask whether meeting with a counsellor may be helpful for you.

Acknowledgements

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