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Understanding Hysterectomy

Hysterectomy—the removal of the uterus—is a way of treating problems that affect the uterus. Because it is major surgery, your doctor may suggest trying other treatments before hysterectomy. For severe conditions—and those that have not responded to other treatment—a hysterectomy may be the best choice. The choice depends to some extent on the effect of the condition, and the surgery, on your life. You should be fully informed of all options before you decide.

This pamphlet explains:

- Types of hysterectomy
- Why it might be needed
- Effects and risks of treatment

Hysterectomy is just one way to treat uterine problems. Before you decide, find out as much as you can.

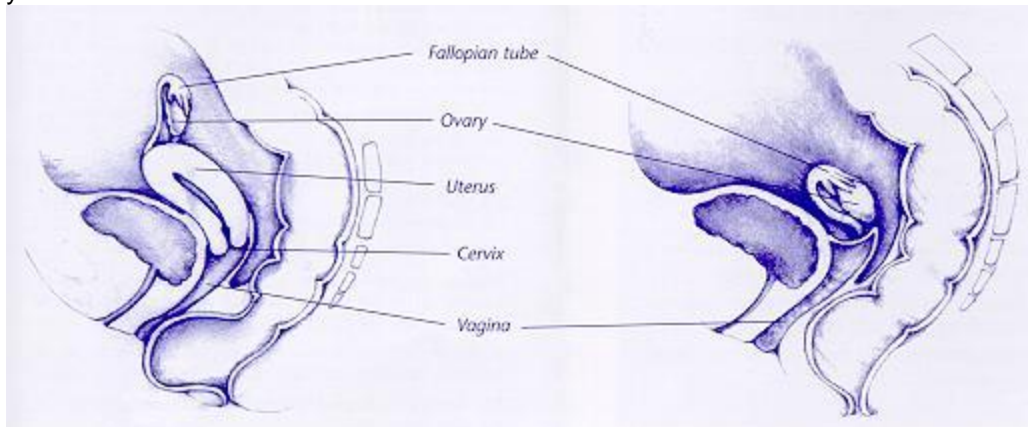
About the Uterus

The uterus is a muscular organ in the pelvis. The opening of the uterus is the cervix. In pregnancy, the uterus holds and nourishes the fetus. In labor, it contracts to deliver the baby. When a woman is not pregnant, the lining of the uterus (the endometrium) is shed each month in her menstrual period.

Sometimes, there are problems with the uterus. A woman may have pain or heavy bleeding. Growths or cancer also can occur. These problems require treatment.

Conditions Affecting the Uterus

Hysterectomy may be done to treat conditions that affect the uterus. Some are benign (not cancer). Others are cancer. Some have symptoms that cause discomfort. Others can threaten your life.



The pelvic organs before (left) and after (right) the uterus is removed.

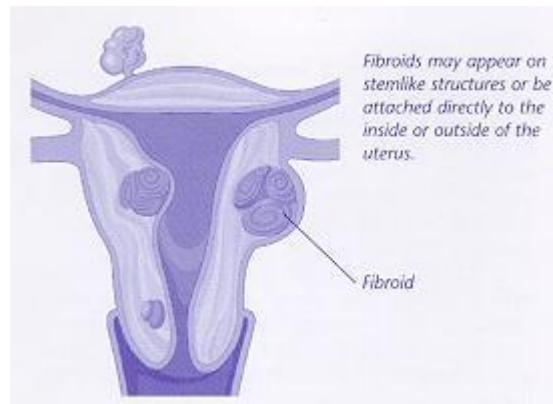
Your condition may be treated with medicine or various types of surgery, including hysterectomy. The choice of treatment depends on the nature and extent of your condition. It also depends on personal factors. These factors include your plans to have children in the future, the amount of discomfort you are having, and other options available. Other forms of treatment often are tried first. If they don't work, your doctor may suggest hysterectomy. Following are some of the conditions for which hysterectomy may be performed.

Uterine Fibroids

Uterine **fibroids** (myomas) are the most common type of growth found in a woman's pelvis. They are benign and can be a number of sizes. Most are small and don't cause symptoms or need to be treated.

If fibroids grow, they may cause pain. They may press against the bladder and other pelvic organs. Fibroids that press against the lining of the uterus may cause irregular or heavy bleeding.

Fibroids tend to shrink after a woman goes through **menopause**. If a woman with fibroids is near menopause, she may want to see how it affects her fibroids before trying any treatments.



Some medications can shrink fibroids.

However, they work only as long as they are taken. Once they are stopped, the fibroids may grow again. These medications can help women near menopause who have symptoms. The medicine used to shrink fibroids can cause bone loss if it is used for too long. Therefore, it is used for just a few months in most cases.

Medicine also may be used briefly to shrink fibroids before surgery, such as **myomectomy**. In myomectomy, only the fibroids are removed. The uterus is left in place. Sometimes, a myomectomy cannot be done. Then the whole uterus must be removed to relieve symptoms.

Abnormal Uterine Bleeding

Abnormal uterine bleeding is irregular, heavy, or severe bleeding from the uterus. It may be caused by fibroids or by hormonal changes. It also may be caused by infection of the uterus or cancer.

Treatment is aimed at the cause of the bleeding. Hormone therapy may help control the bleeding.

If you have lost a lot of blood, you may not have enough iron. Iron may be given to build your stores, but it will not stop the bleeding. Hysterectomy may be an option if other treatments don't work and the bleeding is a problem for you.

Cancer

Over time, diseases of the cervix can develop into cancer. They can progress quickly or develop slowly over years. It depends on the person and the extent of the disease. Changes of the cervix that may lead to cancer can be detected by a Pap test. If they are diagnosed early, they can be treated with success without a hysterectomy.

Disease of the cervix becomes serious—invasive cancer—when it moves into deeper tissue layers or spreads to other organs. Cancer also can affect the lining of the uterus and the ovaries.

In some women with these cancers, radiation and other treatment may control the disease. In other women, hysterectomy may be the only way to stop the cancer from spreading to other organs.

Pelvic Support Problems

The pelvic organs (bladder, uterus, rectum, and intestines) are supported by muscles, ligaments, and fascia (tough sheets of tissue). The ligaments and fascia may be weak and not able to support these organs. This may occur because of obesity, chronic cough, or stretching in childbirth. This can allow the pelvic organs to sag or even stick out through the opening of the vagina. There may be a "bearing-down" feeling of pressure in the pelvic region and problems in controlling urine.

There are things you can do to ease these problems. Avoid doing things that strain the pelvic muscles:

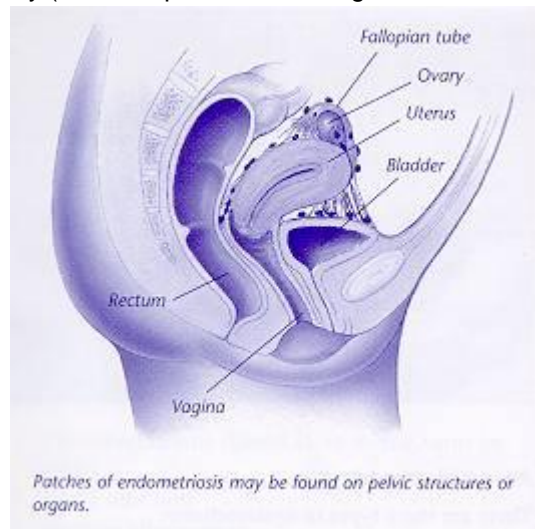
- Stop smoking
- Lose weight
- Avoid constipation by getting plenty of fluids and fiber in your diet

You can strengthen your pelvic muscles by doing **Kegel exercises**. Your doctor or nurse can show you how. You also can be fitted with a pessary (a device placed in the vagina that holds the organs in place). If you are past menopause, taking hormones may help keep the tissues more flexible and less apt to stretch.

Sometimes surgery can be done to put the organs back in place. If other treatment fails, a hysterectomy may be needed to correct pelvic support problems.

Endometriosis

Cells like those lining the uterus also may grow on the ovaries, fallopian tubes, and other pelvic structures. This is called **endometriosis**. Patches of endometriosis may bleed at the menstrual period or at other times. The blood may build up in cysts. Endometriosis may cause scarring, **adhesions**, pain, or infertility.



The condition mostly affects women who are of childbearing age. In most cases, it is not a problem after menopause because a woman no longer has menstrual periods.

Endometriosis often can be treated with hormones. If they do not work, the patches of endometrial tissue can be removed through a device called a **laparoscope**. If this fails, a hysterectomy may be done.

Pelvic Pain

There are many causes of pelvic pain. It may take time to diagnose the problem. One source may be irritation of the pelvic organs, which may cause adhesions or scarring. This may be a result of endometriosis, infection, or injury. Pelvic adhesions most often affect the surface of the uterus, the tubes and ovaries, and the intestines.

Pelvic pain also can result from problems in other parts of the body. It can be caused by conditions that affect the back or the bowels.

The treatment for pain depends on the cause. Different types of medicine can work well against many causes.

Surgery done through the laparoscope may be an option, too. For some conditions, other treatments such as heat or relaxation exercises may help. A hysterectomy should be done only if other treatments have been tried but failed to relieve the pain.

About Hysterectomy

There are three types of hysterectomy:

- Partial (or subtotal), in which the upper part of the uterus is removed but the cervix is left in place
- Complete (or total), in which the entire uterus, including the cervix, is removed
- Radical, in which the entire uterus, lymph nodes, and support structures around the uterus are removed. This is done if cancer is present and extensive.

The ovaries and fallopian tubes may be removed at the same time. This is called a **salpingo-oophorectomy**.

The uterus may be removed through a cut in the abdomen or through the vagina. The method used depends on the reason for the surgery and the findings of a **pelvic exam**.

During a vaginal hysterectomy, some doctors use a laparoscope to help them see inside the abdomen and do part of the surgery. This procedure is called laparoscopically assisted vaginal hysterectomy (LAVH).

Before the procedure:

- Your blood and urine will be tested.
- You may be given one or more **enemas**.
- Your abdominal and pelvic areas may be shaved.
- Antibiotics may be given to prevent infection.
- A needle may be placed in your arm or wrist. (It is attached to a tube that will supply your body with fluids, medication, or blood. This is called an IV line.)
- Monitors will be attached to your body before anesthesia (pain relief) is given. (You may be given a general anesthesia, which puts you to sleep, or a regional one, which blocks out feeling in the lower part of your body.)

Risks

As with any surgery, problems may occur. These could include:

- Thrombophlebitis (blood clots in the veins or lungs)
- Severe infection
- Bleeding after surgery
- Bowel blockage
- Injury to the urinary tract
- Problems related to anesthesia
- Death

Although the risks of hysterectomy are among the lowest of any major surgery, you and your doctor must weigh the benefits and risks.

After Surgery

The length of stay in the hospital after hysterectomy varies by the type done. You can expect to have some pain for the first few days. Normal activities, including sex, can be resumed in about 6 weeks in most cases. Meanwhile, don't put anything in the vagina.

As you recover, activities such as driving, sports, and light physical work may be increased slowly. You and your doctor can plan your return to normal activities. If you can do an activity without pain and fatigue, it should be okay. If activity causes pain, discuss it with your doctor.

The surgery can have other effects that are both physical and emotional. Some last briefly. Others are long term. You should be aware of these effects before having a hysterectomy.

Physical

After hysterectomy, a woman's periods will stop. She can no longer get pregnant. The ovaries still produce eggs. But, because the eggs are not fertilized, they dissolve in the abdomen. If the ovaries are left in place, though, they still produce hormones. A woman who still has her ovaries will not have the symptoms that often occur with menopause, such as hot flashes.

If the ovaries also are removed with the uterus before menopause, there are hormone-related effects. It is as though the body goes through menopause all at once, rather than over a few years as is normal. Symptoms often can be treated with the hormone **estrogen**.

Emotional

Many women have a brief emotional reaction to the loss of the uterus. This response depends on a number of factors:

- How well they were prepared for the procedure
- Timing of the procedure
- Reason for having it
- Whether the problem is cured

Some women may feel depressed because they can no longer have children. If problems persist, discuss them with your doctor.

Hysterectomy and Sex

Some women may notice a change in their sexual response after a hysterectomy. Because the uterus has been removed, uterine contractions that may have been felt during orgasm will no longer occur.

However, some women have a heightened response. This may occur because they no longer have to worry about getting pregnant and may be relieved of discomfort.

If the ovaries have not been removed, the outer genitals and the vagina are not affected. In this case, a woman's sexual activity often is not impaired. If the ovaries are removed with the uterus, vaginal dryness may be a problem during sex. Use of estrogen can help relieve dryness.

If the procedure required making the vagina shorter, deep thrusting during sex may be painful. Being on top during sex or bringing your legs closer together may help.

Finally...

Hysterectomy is just one way to treat uterine problems. It is major surgery. Before you decide whether it is right for you, find out as much as you can:

- About your condition
- About other treatment options

- How hysterectomy may affect you

Some conditions can be treated without this procedure. For others, it is the best choice. Discuss all your options with your doctor.