

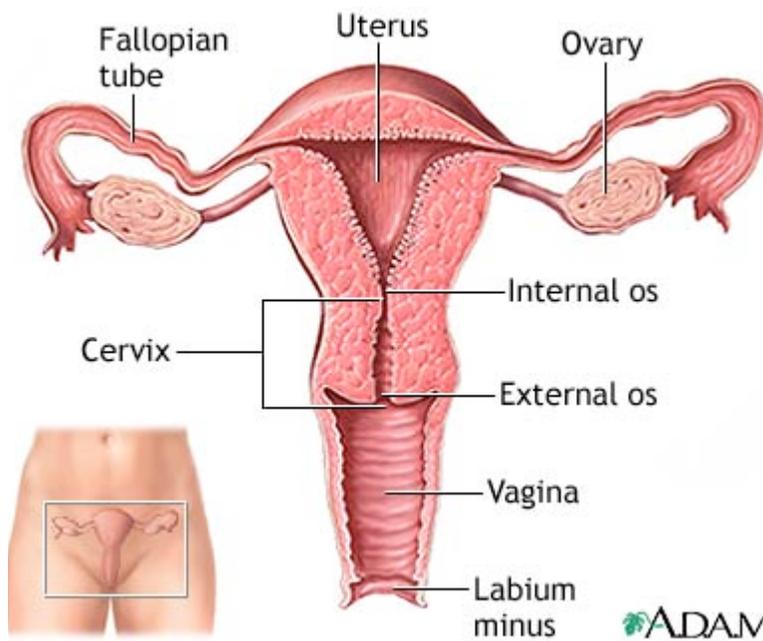
Hysterectomy

Definition

A hysterectomy is a surgical removal of the uterus, resulting in the inability to become pregnant (sterility). It may be done through the abdomen or the vagina.

Alternative Names

Vaginal hysterectomy; Abdominal hysterectomy; Supracervical hysterectomy; Radical hysterectomy; Removal of the uterus



Description

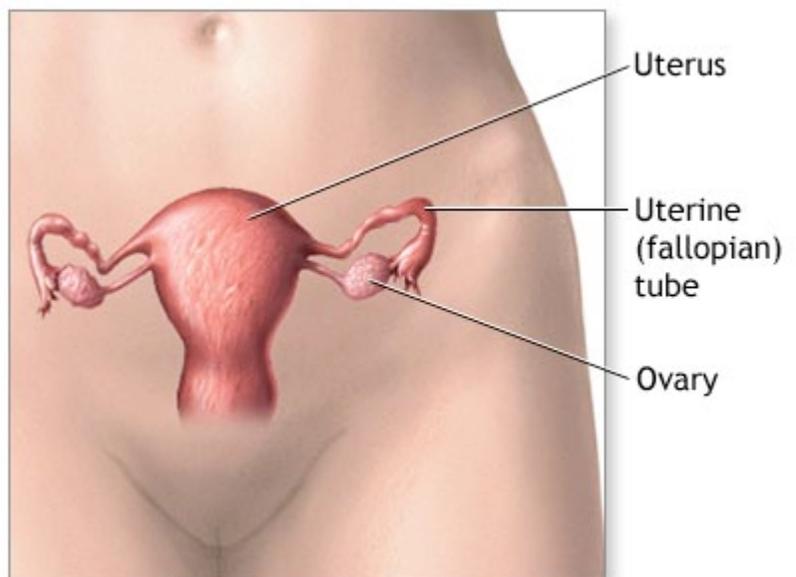
Hysterectomy is an operation that is commonly performed. There are many reasons a woman may need a hysterectomy. However, there are nonsurgical approaches to treat many of these conditions. Talk to your doctor about nonsurgical treatments to try first, especially if the recommendation for a hysterectomy is for a cause other than cancer.

During a hysterectomy, the uterus may be completely or partially removed. The fallopian tubes and ovaries may also be removed. A partial (or supracervical) hysterectomy is removal of just the upper portion of the uterus, leaving the cervix intact.

A total hysterectomy is removal of the entire uterus and the cervix. A radical hysterectomy is the removal of the uterus, the tissue on both sides of the cervix (parametrium), and the upper part of the vagina.

A hysterectomy may be done through an abdominal incision (abdominal hysterectomy), a vaginal incision (vaginal hysterectomy), or through laparoscopic incisions (small incisions on the abdomen — laparoscopic hysterectomy).

Your physician will help you decide which type of hysterectomy is most



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appropriate for you, depending on your medical history and the reason for your surgery. Robotic hysterectomy surgery is not yet widely available in the United States.

Why the Procedure is Performed

Hysterectomy may be recommended for:

- Tumors in the uterus like uterine fibroids or endometrial cancer
- Cancer of the cervix or severe cervical dysplasia (a precancerous condition of the cervix)
- Cancer of the ovary
- Endometriosis, in those cases in which the pain is severe and not responsive to nonsurgical treatments
- Severe, long-term (chronic) vaginal bleeding that cannot be controlled by medications
- Prolapse of the uterus
- Complications during childbirth (like uncontrollable bleeding)

Recovery

The average hospital stay depends on the type of hysterectomy performed, but is usually from 2 to 3 days. Complete recovery may require 2 weeks to 2 months. Recovery from a vaginal or laparoscopic hysterectomy is faster than from an abdominal hysterectomy, and may include less pain.

Intravenous and oral medications are used after the surgery to relieve postoperative pain. A catheter may remain in place for 1 to 2 days to help the bladder pass urine. Moving about as soon as possible helps to avoid blood clots in the legs and other problems.

Walking to the bathroom as soon as possible is recommended. Normal diet is encouraged as soon as possible after bowel function returns. Avoid lifting heavy objects for a few weeks following surgery. Sexual intercourse should be avoided for 6 to 8 weeks after a hysterectomy.

Outlook (Prognosis)

Most patients recover completely from hysterectomy. Removal of the ovaries along with the uterus in premenopausal women causes immediate menopause, and estrogen replacement therapy may be recommended.

Some women worry that their sexual function will be decreased after removal of the uterus. Researchers have found that sexual function after a hysterectomy depends most on sexual function before the surgery. If a woman had good sexual function before the surgery, she will continue to have good sexual function afterward. If you experience a new decrease in your sexual function after hysterectomy, talk to your health care provider about possible causes.

Hysterectomy

Risks

The risks for any anesthesia are:

- Reactions to medications
- Problems breathing

The risks for any surgery are:

- Bleeding
- Infection

Other risks that are possible from a hysterectomy include:

- Injury to nearby organs, including the bladder or blood vessels
- Injury to bowel
- Pain with intercourse