

Hysterectomy

Hysterectomy means the surgical removal of the uterus (womb) and is one of the most common operations. Up to a fifth of women have had their womb removed by the age of 55. For some, especially those who suffer from heavy periods, having a hysterectomy comes as a welcome relief. For others, being told they need the operation is a major shock.

Reasons for having a hysterectomy

There are many different reasons why womb removal may be necessary. These include:

- Painful, heavy or frequent periods which are not improved with medical treatments
- Fibroids – Swellings of abnormal muscle that grow in the uterus, which can cause painful, heavy periods or pressure on other pelvic organs
- A prolapsed womb, which is caused by the dropping of the uterus
- Endometriosis, a condition where tissue segments from the womb attach and grow in the wrong place, causing pain
- Adenomyosis – the same problem as endometriosis, but affecting the muscle of the womb
- Severe, recurrent or untreatable pelvic infection
- Cancer of the vagina, cervix, womb, fallopian tubes or ovaries Very rarely, hysterectomy is performed as an emergency procedure, such as if bleeding becomes uncontrollable during childbirth. Usually though, the operation is planned.

Kinds of hysterectomy

There are several different types of operations. A total abdominal hysterectomy, in which both the body and neck of the womb is removed, is the most common. A subtotal hysterectomy removes the body of the womb but not the womb neck, or cervix. In cases of cancer, an extended or radical hysterectomy may be performed. This involves removal of the womb, tubes and ovaries, and the upper part

of the vagina. A vaginal hysterectomy is where the hysterectomy is performed through the vagina instead of through an abdominal incision. When the womb is prolapsed it is often removed through the vagina by means of a vaginal hysterectomy, which leaves no abdominal scar. Some surgeons prefer to do a vaginal hysterectomy even in the absence of prolapse.

If the ovaries are removed, a woman no longer produces the female sex hormone and Hormone Replacement Therapy (HRT) should be considered, especially for women under the age of 50.

Effects

- After the operation you will no longer have periods or be able to get pregnant.
- Menopausal symptoms may not occur until later, unless the ovaries have been removed. The menopause, which normally occurs at about the age of 50, may arrive a little earlier following a hysterectomy.

Common Myths

Before the operation friends may warn that you might get fat, grow facial hair, become depressed, and find it difficult to make love properly again. These common myths about hysterectomy are simply not true. However, women sometimes feel a great sense of loss when their womb is removed. A proper understanding of why the hysterectomy is necessary may help. Don't be afraid to ask about alternatives to hysterectomy such as endometrial ablation or a Mirena coil and don't agree to the operation until you are sure it is really necessary.

How will I feel after the operation?

After the operation you may have an intravenous drip for fluids or sometimes blood. You may also have a catheter to drain urine.



If your operation is performed through an abdominal incision, the wound will be held together with clips or stitches. The internal stitches used in vaginal hysterectomy will dissolve naturally. The wound will heal in a week or so but internal surgery will take longer. This is why the recovery period can take up to twelve weeks.

Recovery

The day after your hysterectomy you will be encouraged to stand and have a short walk. You should be allowed home from hospital after 5 days if you have had an abdominal hysterectomy or after 72 hours if you have had a vaginal hysterectomy. While recuperating at home, you will be advised to rest and avoid lifting heavy weights. You should be able to drive a car or go swimming about six weeks after the operation. By the fifth or sixth week you should be starting to get back to normal. You should gradually increase your activity much like an athlete recovering from an injury. It should be possible to return to work soon after the post-operative check up, six to eight weeks after leaving hospital. It is usual to feel unexpectedly tired in the second month after the operation, but this does not last. Some women can take up to 12 months before they are feeling 100% better.

Many women feel vague abdominal sensations, described as being like "pinging elastic" for some time after a hysterectomy. Again, this is perfectly normal. You may have a pale brown vaginal discharge for a few weeks. This is nothing to worry about unless the discharge becomes heavy, smelly or itchy, which may indicate an infection.

There is no reason why you should gain weight after a hysterectomy. Gentle sexual intercourse should be possible by about the sixth week after the operation. Some women feel more relaxed about lovemaking once the fears of pregnancy or unpleasant symptoms have gone. Others might feel the point of sex has been removed, and experience a psychological loss of libido. If problems remain after several months, psychosexual counselling may help you achieve a relationship that's as good as or even better than before. We know that the ovaries, even after the menopause, continue to secrete androgen, and these hormones are very important in maintaining libido in women. Removing the ovaries during a hysterectomy denies a woman, whatever her age, this sexual stimulant. However, if testosterone therapy is taken after the operation some women notice that their sex drive returns to what is normal for them.

A few women will feel depressed and lethargic after a hysterectomy. They may need a period of time to mourn the loss of their womb. Sometimes it is difficult for friends and family, or even your partner, to understand a woman's feelings about the operation. It is important to talk to your partner about your feelings and accept help and support from elsewhere if necessary.

Useful contacts

The Hysterectomy Association

Tel: 0871 781 1141

Email: info@hysterectomy-association.org.uk

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Review date: November 2007.**