Hysterectomy

Hysterectomy means the surgical removal of the uterus (womb) and it is still one of the most common operations. For some women, 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. Usually other treatment options for heavy periods will have been tried before a hysterectomy is suggested.

Reasons for having a hysterectomy

There are many different reasons why hysterectomy may be necessary, including:

- 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 caused by the dropping of the uterus
- endometriosis - a condition where tissue similar to that from the womb attaches and grows 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 or precancerous changes in the vagina, cervix, uterus, 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 operation. A total abdominal hysterectomy is when both the body and cervix (neck of the uterus) are removed. A subtotal hysterectomy removes the body of the uterus but not the cervix. In cases of cancer, an extended or radical hysterectomy may be performed - this involves removal of the uterus, fallopian tubes and ovaries, and the upper part of the vagina.

A vaginal hysterectomy is performed through the vagina instead of through an abdominal incision. When the uterus 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.

Laparoscopic hysterectomy is known as keyhole surgery and the uterus (and sometimes the tubes and ovaries) is removed through four small incisions or cuts on the abdomen.

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Whichever way the operation is performed, if the ovaries are removed together with the uterus, a woman no longer produces estrogen, the female sex hormone. 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, people may warn you that you might put on weight, 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 sense of loss when their uterus is removed. A proper understanding of why the hysterectomy is necessary may help.

Don't be afraid to ask about alternatives to hysterectomy for heavy bleeding, such as endometrial ablation or a hormonal coil, and don't agree to the operation until you understand why it is necessary.

How will I feel after the operation?

After the operation you may have an intravenous drip for fluids or occasionally 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. There will still be some stitches with laparoscopic surgery. 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 a few days if you have had an abdominal hysterectomy or after 48-72 hours if you have had a vaginal hysterectomy. If the operation has been done by keyhole surgery, you may be able to go home on the same day or the next day. You will still need to rest and recover at home. Talk to your healthcare professional about resuming activities after keyhole surgery.

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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, often before that, just check with your healthcare professional. 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.

The decision to return to work will depend on the type of work you do and any travel involved. You may find yourself more tired than normal whilst recovering and you may need to pace your recovery.

There is no reason why you should gain weight after a hysterectomy.

It is common to feel numbness around an abdominal scar. Sometimes the feeling comes back after a few weeks, but in some women the area remains numb for much longer.

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. Sexual desire usually returns once you are recovered from surgery. 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 androgens and these hormones are very important in maintaining libido in women. Removing the ovaries during a hysterectomy may result in a loss of desire that becomes a problem. In this instance, discuss the use of testosterone therapy with your healthcare professional.

A few women will feel low in mood 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 a 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.

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Useful contacts

Royal College of Obstetricians & Gynaecologists (RCOG)
https://www.rcog.org.uk/for-the-public/browse-our-patient-information/laparoscopic-hysterectomy-recovering-well/

https://www.rcog.org.uk/for-the-public/browse-our-patient-information/abdominal-hysterectomy-recovering-well/

https://www.rcog.org.uk/for-the-public/browse-our-patient-information/vaginal-hysterectomy-recovering-well/

NHS website
https://www.nhs.uk/conditions/hysterectomy/recovery/

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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