Hysterectomy

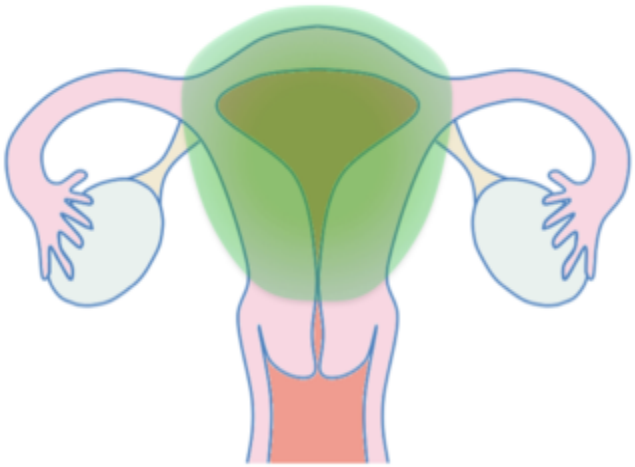
By Dr David Moore, 8 March 2014

What is a hysterectomy?

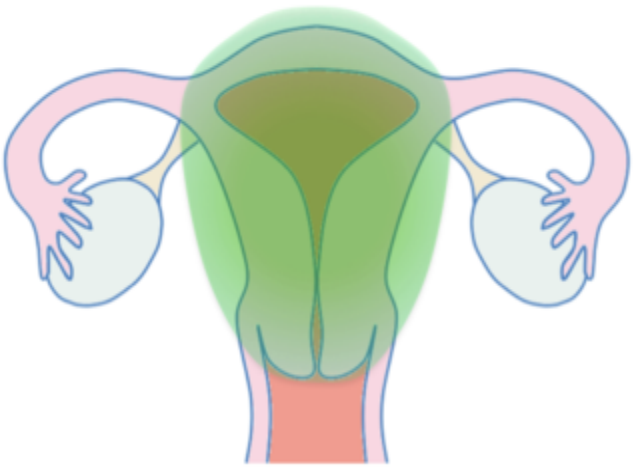
Hysterectomy is the surgical removal of the uterus (the "womb").

There are several types of hysterectomy, depending on the precise structures of the pelvis that are surgically removed. These include:

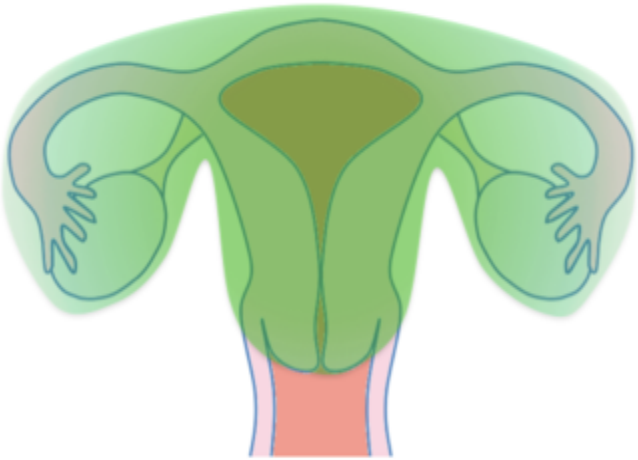
- **Subtotal hysterectomy:** removal of the upper part of the uterus only. The cervix remains.
- **Total hysterectomy:** complete removal of the uterus and cervix, with or without the uterine (Fallopian) tubes. The ovaries are not removed unless specifically required. This is the most common type of hysterectomy performed.
- **Radical hysterectomy:** removal of the uterus, cervix, tubes, ovaries, and a small part of the upper vagina. This procedure is only required for the management of some forms of gynaecological cancer.



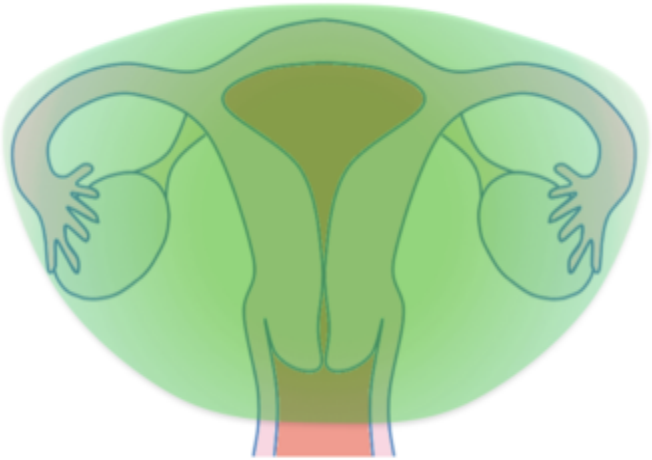
Subtotal hysterectomy



Total hysterectomy



Total hysterectomy with removal of adnexa



Radical hysterectomy

Why would a hysterectomy be needed?

A hysterectomy made be required to treat bothersome symptoms where conservative or medical (that is, non-surgical) tre such as:

- Heavy or painful periods
- Pelvic organ (uterine) prolapse
- Endometriosis or adenomyosis
- Fibroids
- Pelvic pain

Alternatively, a hysterectomy may be require to prevent or treat more serious conditions such as:

- Pre-cancerous lesions of the cervix or uterus
- Cancer of the cervix,uterus, tubes or ovaries

A hysterectomy is a major operation, and the decision to proceed with this form of treatment requires a careful evaluati condition will be best treated by undergoing a hysterectomy, I will explain this fully with you so that you feel informec decisions.

What alternatives are there to having a hysterectomy?

The suitability of other treatment options depend on you particular medical condition, your needs for fertility, and your p suspected, a hysterectomy is only recommended after other, simpler and safer, options have failed. Other treatment optic

- For heavy menstrual bleeding:
  - Medications, hormonal or non-hormonal
  - Insertion of an intrauterine device (IUD) that hormonally thins the lining of the womb
  - Surgical removal or destruction of the lining of the womb only (endometrial resection or ablation)
- Pelvic organ prolapse:
  - Pelvic floor physiotherapy
  - Insertion of a vaginal pessary
  - Surgical prolapse repair without removing the uterus
- Endometriosis or adenomyosis
  - Hormonal medications
  - Insertion of an IUD
- Fibroids
  - Surgery to remove the fibroid(s) only (myomectomy)
  - Medications to shrink the fibroids (temporary only)
  - Occlusion of the blood vessels supplying the fibroids, to cause shrinkage (embolisation)
  - Specialised MRI-guided focussed ultrasound energy to destroy fibroids without surgery (*not available in many a

How is a hysterectomy performed?

There are several ways a hysterectomy may be performed, depending on the indication for the hysterectomy, whether otl time (e.g. removal of ovaries, prolapse repair), the size of the uterus, and any history of previous surgery (including caesa include:

- **Vaginal hysterectomy:**
  - No external/visible scars - the hysterectomy is performed through an incision at the top of the vagina
  - Most commonly if there is some degree of uterine prolapse, the uterus is not too large, and the ovaries are not b
  - This approach is associated withless pain post-operatively and a faster return to normal activity, compared with
- **Total laparoscopic (keyhole) hysterectomy:**
  - A surgical telescope ("laparoscope") is inserted through a small incision in the navel
  - Three further small (5mm) "keyhole" incisions are made in the lower abdomen through which other surgical instr

    - The uterus (and tubes/ovaries if required) are removed through the vagina after surgical dissection, and th dissolvable stitches
    - This approach is associated withless pain post-operatively and a faster return to normal activity, compared w most cases by skilled gynaecological endoscopicsurgeons
- **Laparoscopically-assisted vaginal hysterectomy:**
    - Involves using laparoscopic ("keyhole") instrumentsto remove the ovaries and/or tubes, before proceeding with a
    - This approach has similar indications as for vaginal hysterectomy, but where removal of the ovaries is also requi
- **Abdominal (open) hysterectomy:**
    - This involves a horizontal (sometimes vertical) cut along the lower abdomen
    - This approach is sometimes needed for very large wombs (e.g. fibroids) or complex previous surgery

What happens after a hysterectomy?

Generally, after the operation:

- You may feel some discomfort around the operation site (in most cases, pain relief in the form of tablets is all that is r
- There will be a catheter (drainage tube) in your bladder, that is usually removed the owning following surgery
- Wind pain is not uncommon, and is helped by short walks around the hospital ward as soon as you are comfortable t
- The length of stay in hospital depends on the type of hysterectomy, but most women are able to go home the day aft hysterectomy, or if other procedures were performed at the same time, your stay might be for 3 or 4 days.
- Pelvic floor and abdominal exercises are important to commence early after surgery, and you will be seen by a speci home

What are some of the possible complications of hysterectomy?

Complications are possible with any surgical procedurealthough, thankfully, they are uncommon. During or after a hystere

- Heavy bleeding, rarely requiring blood transfusion
- Conversion from the planned approach tohysterectomy (e.g. keyhole) to open surgery
- Blood clots
- Pain, nausea and vomiting
- Infection at the wound site
- Trouble emptying your bladder after the operation
- Cosmetic considerations - scarring at incision sites
- Adhesion formation (internal scar tissue)
- Rarely - injury to bladder, bowel, or ureters (tubes that carry urine from the kidneys to the bladder
- Rarely - a fistula, or abnormal hole connecting bowel or bladder with the vagina
- If done for unexplained pelvic pain, symptoms may not improve after a hysterectomy
- Feelings of sadness or loss

- The risk of pelvic organ prolapse is increased after hysterectomy

More information

This information is a guide only. You may prefer to clarify any questions with your General Practitioner or by making ar
me.

About Dr David Moore

*David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a
Queensland. He is highlyskilled in the management of complex and high-risk pregnancies, and has specia
endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medi
management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a
Queensland Medical School, and has published both medical journal and textbook contributions.*

Top Search Terms: hysterectomy

« Fibroids

Back to Gynaecology