

Gynaecology

Hysterectomy

What is a hysterectomy?

A hysterectomy is an operation where a women's uterus (womb) is removed

Why is a hysterectomy necessary?

The most common reasons include:

- Period problems, painful or heavy menstrual bleeding which have failed to respond to other medical treatment
- Fibroids
- Suspected or proven cancer of the cervix, endometrium or ovaries
- Endometriosis
- Prolapse of the womb
- Severe, recurrent or untreatable pelvic infection

What are the consequences of a hysterectomy?

- You will not be able to get pregnant
- You will no longer have monthly periods
- You will not need to use contraception
- It maybe part of a continuing treatment or may mean the end of a health problem

A hysterectomy does not:

- Cause premature ageing
- Mean you will become less of a woman or lose your sex drive
- Leave a gap inside, the bowel fills up its space



Different types of hysterectomy

- Abdominal hysterectomy
 - Sub Total Abdominal Hysterectomy (STH) - only the uterus is removed the cervix is left in place, via a bikini line incision
 - Total Abdominal Hysterectomy (TAH) - both the uterus and the cervix are removed via a bikini line incision
- Vaginal Hysterectomy (VH)

Both the uterus and the cervix are removed through the vagina; no cut is made on the abdomen
- Laparoscopically Assisted Vaginal Hysterectomy (LAVH) this procedure involves removing the uterus and cervix through the vagina using key hole surgery
- Bilateral Salpingo Oophorectomy (BSO) - removal of both ovaries and tubes

The procedure you will have depends on your individual case. Your specialist will talk to you about the most appropriate operation for you.

Will my ovaries be removed?

When a woman has a hysterectomy the usual practice is for her ovaries to be left in place if she is under 44 or 45 years of age. After this age the ovaries are usually removed as the likelihood is that she will go through the menopause in the near future, and the benefits of removing the ovaries (in terms of reducing the risk of ovarian cancer) outweigh the disadvantages (bringing on an acute menopause).

When a woman has her ovaries removed at the time of a hysterectomy she may need to have hormone replacement therapy (HRT) to protect her from the acute effects of the loss of female reproductive hormones. Without HRT she is likely to suffer from severe menopausal symptoms such as hot flushes and sweats and to then go on to be at risk of conditions which are common after the menopause, such as osteoporosis (brittle bones) and heart disease.

When a woman's ovaries are conserved at the time of hysterectomy she will continue to produce female reproductive hormones, although she will

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have no bleeding. Her ovaries will fail at some point and there is some evidence that this may be hastened by the hysterectomy. The risk of a woman developing ovarian cancer is unaffected by her having had a hysterectomy.

Sometimes women under 44 choose to have their ovaries removed at the time of hysterectomy to minimise the future risk of ovarian cancer. If you think you might like to consider this option you should discuss the matter further with your specialist.

Will I need to start HRT?

- If your ovaries are not removed you will not need HRT
- If your ovaries are removed your medical team will discuss HRT with you (please request the HRT information leaflet)

Benefits of a hysterectomy

- Overall, over 90% of women who have had a hysterectomy are satisfied with the operation
- The benefits of hysterectomy depend on the the type and severity of problems you are having .problems like very heavy periods will be cured by total hysterectomy .However other problems like pelvic pain may not be improved or cured by a hysterectomy.
- Your surgeon will discuss with you the chances of a hysterectomy leading to a cure or an improvement in your condition.

Risks and complications

Most women having a hysterectomy will not have any significant problems but, like all surgery, there are a number of complications that can occur. These will be discussed with you before your operation by your consultant. These include raised temperature, wound infection, pain, bruising, numbness or tingling around the scar, frequency in passing urine and urine infection.

Complications include:

- Damage to the bladder or ureter (tube from kidney into bladder) - this affects seven women in every 1000

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- Haemorrhage requiring blood transfusion; this applies to 23 in every 1,000 women
- Damage to the bowel – this affects four in every 1000 women
- Return to theatre due to bleeding or due to wound problems – this affects seven in every 1000 women
- Pelvic abscess or infection –this affects two out of every 1000 women
- A blood clot in leg or lung can occur – this affects four in every 1000 women.

Some complications may mean that further treatment or surgery is required. Your doctor will speak to you about this.

Your pre-operative assessment

Once your consultant has put you on the waiting list for a procedure, pre-screening enables nursing staff to confirm that you will be fit for this.

You will also see the Pre-admission nurse, who will discuss your forthcoming surgery in more detail.

This appointment will include Pre-screening

- Completion of a yellow form which is a health questionnaire
- A discussion with a health care professional
- Blood pressure, pulse, respiration, oxygen saturations
- Height/weight Body mass index
- Urine sample
- Relevant blood tests

Possible Investigations:

- ECG (heart tracing)
- Chest X-ray
- Respiratory function
- Anaesthetic review

Pre-Admission Appointment

This appointment will include:

- Completion of required paper work
- Discussion with Gynaecology Sister (time given for questions)

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- Urine sample

Anaesthetic

You will be seen by an anaesthetist on the day of surgery. You will be assessed as to which anaesthetic is best for you and your procedure. For this operation it can mean either a general anaesthetic (you will be asleep), or epidural (where you will be numb from the waist down).

They will listen to your chest and ensure you are safe for your anaesthetic.

Effects of anaesthetic

Modern anaesthetics are short lasting, for the first 24 hours after surgery you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital at this time and you should not make any important decisions or drive.

You may also find the following websites useful: www.hysterectomy-association.org.uk

You will be given more information about the type of surgery you will be having when this has been decided.

If you require any further information please contact 024 7696 7340

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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