Dear Alice,

I am thinking about having a hysterectomy. There is new research and procedures that have surfaced. This procedure does not commit you to bed rest but for a few days. I heard that you can go back to work in a few days. Could you please give me the name of this procedure and the long-term effects?

Answer

Dear Reader,

A quick hysterectomy lesson so that everyone knows what we're talking about: a hysterectomy is a surgical procedure that removes a woman's uterus. Having a hysterectomy stops a woman from menstruating and bearing children. However, a hysterectomy is not a form of contraception? rather, tubal ligation is a surgery performed for female sterilization. According to the Centers for Disease Control and Prevention, each year approximately 600,000 women in the United States have a hysterectomy. It is the second most common type of surgery performed on women (cesarean sections are number one).

What is making you think about having a hysterectomy? What does your health care provider recommend? What are your feelings? Fears? Concerns? What are the risks? What do you hope to accomplish via this surgery? Hysterectomies are done for many reasons, including:

- Invasive cancer of the uterus, endometrium (the lining of the uterus), or cervix
- Severe and uncontrollable uterine bleeding, such as from complications in childbirth
- Severe and irreversible uterine damage from untreated infection, such as pelvic inflammatory disease

Hysterectomies have also traditionally been used to treat other conditions for which there are now other less invasive treatments, before opting for the removal of the uterus as a last resort. Hysterectomy is no longer the first or only treatment for:

- Fibroid (non-cancerous) tumors of the uterus
- Dysmenorrhea - heavy and/or painful periods
- Endometriosis - tissue that usually lines the uterus growing on other parts of the body within the pelvic region
- Uterine prolapse - the uterus is no longer fully supported by pelvic muscles, so it "slips" down into the vaginal canal
Whenever you consider major surgery, it is a good idea to understand as much as possible about the benefits and risks of operation as well as of any alternatives. This is especially true of hysterectomy. Some experts believe that many hysterectomies are performed unnecessarily, where less invasive treatments would work as well or better. In fact, The American College of Obstetricians and Gynecologists [3] describes hysterectomy as a treatment of last resort.

Depending on the reason for the hysterectomy, three types of hysterectomy can be performed:

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<th>Type</th>
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<td>Partial (or Subtotal)</td>
<td>The upper part of the uterus is removed, but the cervix is left in place. It leaves the vagina the same length and may have fewer sexual side effects. Because it is possible to get cervical cancer, women who have this type of hysterectomy still need to have regular pap smears.</td>
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<tr>
<td>Complete (or Total)</td>
<td>The entire uterus, including the cervix, is removed. This procedure shortens the vagina, but eliminates the possibility of cervical cancer in the future.</td>
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<td>Radical</td>
<td>The entire uterus, lymph nodes, and support structures around the uterus are removed. This is done in cases of extensive cancer. The ovaries and fallopian tubes may be removed at the same time. This is called a salpingo-oophorectomy. About half of all hysterectomies performed involve the removal of the fallopian tubes and ovaries. Women who have their ovaries removed, no matter what their age, will experience what is known as surgical menopause — the sudden and complete loss of hormones produced by the ovaries. Women who have their ovaries removed, especially those who are not yet experiencing menopause, often receive hormone replacement therapy (HRT).</td>
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The surgical removal of the uterus is usually accomplished in one of several ways:

- **Abdominally** — through an incision made low on the abdominal wall. Abdominal hysterectomies usually require a three to six day hospital stay and four to six weeks of healing until women have fully recovered and can resume their normal activities. Almost three-quarter of all hysterectomies are performed this way.
- **Vaginally** — through an incision in the upper vaginal wall. Vaginal hysterectomies have the advantage of faster recovery times (usually three to four days in the hospital and two to three weeks at home) and the lack of a visible scar. They are typically performed on women who have had children since their vaginal muscles tend to be more relaxed, and their uteri are more pliable. Vaginal hysterectomies are not recommended in cases of cancer or when the uterus has large tumors or other growths (such as endometrosis), or when ovaries need to be removed.
- **Laparoscopically Assisted Vaginal Hysterectomy (LAVH)** — the surgeon makes several small incisions in the lower abdomen through which s/he can insert surgical instruments and a laparoscope (a small telescope-like device), which is used for viewing the internal organs. The surgical instruments are used to detach and remove tissue holding the uterus in place; the uterus is then removed through the vagina. LAVH has the shortest recovery time (typically, one to two days in the hospital and one or two weeks recovering at home), but is still a fairly new procedure, and some experts have raised questions about its safety.

The risks and long-term effects of hysterectomy depend, in part, on what type of hysterectomy a woman has, and how the surgery is performed. All hysterectomies are considered major surgery and pose the rare but serious dangers of severe bleeding, infection, or blood clots.
The American College of Obstetricians and Gynecologists estimate that half to one quarter of women who have hysterectomies will experience some mild to moderate side effects, including:

- Depression
- Loss of sexual response or desire
- Bowel or urinary tract damage
- Osteoporosis and heart disease (when ovaries are removed)
- Constipation
- Bladder control problems
- Pelvic, muscle, and joint pain

Other women, especially those who had significant physical problems from the condition leading to the hysterectomy, however, report that they have an increased sense of physical and emotional well-being following hysterectomy.

Overall, the decision whether to have a hysterectomy is one that needs to be made mindfully, after careful consultation with medical professionals, and with all of the facts at hand.

Alice!
Category:
Sexual & Reproductive Health [4]
Women's Sexual Health [5]

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