



HYSTERECTOMY

What is it and how is it performed?

Hysterectomy means removing the womb/uterus. This can be performed abdominally (through a bikini line scar or midline scar), vaginally (no cuts on the abdomen) or totally laparoscopically (small keyhole cuts on the abdomen).

Why is it performed?

Hysterectomy may be performed because of painful or heavy periods, prolapse (herniation of the womb down the vagina), and endometriosis causing pelvic pain or rarely for cancer of the gynaecological organs.

Is my cervix (neck of the womb) removed?

Hysterectomy may be total (removing the neck of the womb) or subtotal (leaving the neck of the womb behind). Most gynaecologists in the UK would recommend a total hysterectomy, as research from the UK shows that removing the cervix does not alter sexual satisfaction or significantly alter any other factor, and of course it excludes the chance of cervical cancer/smears in later life (providing your smears have been normal beforehand).

Are my ovaries removed?

Whether or not to remove your ovaries is your own choice. Most gynaecologists will advocate removing your ovaries if you are over 45 years old and retaining them if you are under 45 years old. This is because the ovaries cease biological usefulness at around 51 years of age in the UK. Performing a hysterectomy and retaining the ovaries, may reduce their biological lifespan by around 2-3 years (thus ovaries stop working around age of 48), and when you add to this the small risk of cancer of the ovary every woman has of around 1:70, this is why most gynaecologists have an arbitrary cut off of 45, although the decision is ultimately with you, the patient.

Complications of surgery:

Complications are very rare (2:100 of women will experience a complication of surgery) but serious complications include:

1. Trauma to the bladder or ureter (tube from bladder to kidney) or long term bladder dysfunction (1:100).

2. Trauma to the bowel (4:1000).
3. Haemorrhage requiring blood transfusion (2:100).
4. Return to theatre for additional stitches (6:1000).

5. Pelvic infection (2:1000).
6. Venous thrombosis (clot in leg or lung) (4:1000).
7. Risk of death of 1:4000.

More common complications include wound infection and bruising, delayed wound healing and scar formation, urine infection.

Conclusion

Thus, most (98%) operations are without complications and an average stay in hospital varies from patient to patient, but will be 1-2 days for vaginal to 2-4 days for abdominal hysterectomy.

I hope you find the above information helpful but if you have any questions please do not hesitate to contact me.

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