



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ008

SPECIAL PROCEDURES

Hysterectomy

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What is a hysterectomy?

A **hysterectomy** is the surgical removal of the **uterus**.

What are the reasons for having a hysterectomy?

A hysterectomy may be done to treat conditions that affect the uterus:

- Uterine **fibroids**
- **Endometriosis**
- Pelvic support problems (such as **uterine prolapse**)
- Abnormal uterine bleeding
- Cancer
- Chronic pelvic pain

What are the types of hysterectomy?

There are several types of hysterectomy:

- Total hysterectomy—The entire uterus, including the **cervix**, is removed.
- Supracervical (also called subtotal or partial) hysterectomy—The upper part of the uterus is removed but the cervix is left in place.
- Hysterectomy with removal of the **fallopian tubes** and **ovaries**

How is hysterectomy performed?

There are three ways that hysterectomy can be performed: 1) vaginal hysterectomy, 2) abdominal hysterectomy, 3) and laparoscopic hysterectomy.

How is a vaginal hysterectomy performed?

In a vaginal hysterectomy, the uterus is removed through the **vagina**. Because the incision is inside the vagina, the healing time may be shorter than with abdominal surgery. There may be less pain during recovery. Vaginal hysterectomy causes fewer complications than the other types of hysterectomy and is a very safe way to remove the uterus. It also is associated with a shorter hospital stay and a faster return to normal activities than abdominal hysterectomy.

How is an abdominal hysterectomy performed?

In an abdominal hysterectomy, the surgeon makes an incision through the skin and tissue in the lower abdomen to reach the uterus. This type of hysterectomy gives the surgeon a good view of the uterus and other organs during the operation. This procedure may be chosen if you have large tumors or if cancer may be present. Abdominal hysterectomy may require a longer healing time than vaginal or laparoscopic surgery, and it usually requires a longer hospital stay.

How is a laparoscopic hysterectomy performed?

In a laparoscopic hysterectomy, a **laparoscope** is used to guide the surgery. A laparoscope is a thin, lighted tube that is inserted into the abdomen through a small incision in or around the navel. It allows the surgeon to see the pelvic organs on a screen. Additional small incisions are made in the abdomen for other instruments used in the surgery. In a total laparoscopic hysterectomy, the uterus is detached from inside the body and then removed in small pieces through the incisions or through the vagina. In a laparoscopic assisted vaginal hysterectomy, the uterus is removed through the vagina, and the laparoscope is used to guide the procedure. In a robot-assisted laparoscopic hysterectomy, the surgeon uses a robot attached to the instruments to assist in the surgery.

What are the risks associated with hysterectomy?

Hysterectomy is one of the safest surgical procedures. But as with any surgery, problems can occur:

- Infection
- Bleeding during or after surgery
- Injury to the urinary tract or nearby organs
- **Deep vein thrombosis (DVT)**, which is a risk with any surgery
- Problems related to anesthesia
- Death
- Bowel blockage from scarring of the intestines
- Formation of a blood clot in the wound

What should I expect during my recovery?

You will be urged to walk around as soon as possible after your surgery. Walking will help prevent DVT. You also may receive medicine or other care to help prevent DVT.

You can expect to have some pain for the first few days after the surgery. You will be given medication to relieve pain. You will have bleeding and discharge from your vagina for several weeks. Sanitary pads can be used after the surgery.

Do not put anything in your vagina during the first 6 weeks. That includes douching, having sex, and using tampons.

What are the physical changes that occur after hysterectomy?

After hysterectomy, your periods will stop. If the ovaries are left in place and you have not yet gone through **menopause**, they will still produce **estrogen**, a **hormone** that affects the body in many ways. Depending on your age, if your ovaries are removed during hysterectomy, you will have signs and symptoms caused by a lack of estrogen, which include hot flashes, vaginal dryness, and sleep problems. You also may be at risk of a fracture caused by **osteoporosis** at an earlier age than women who go through natural menopause. Most women who have these intense symptoms can be treated with estrogen therapy.

What are the emotional effects that may occur after having a hysterectomy?

Some women feel depressed because they can no longer have children. Other women may feel relieved because the symptoms they were having have now stopped.

What sexual changes may occur after having a hysterectomy?

Some women notice a change in their sexual response after hysterectomy. Because the uterus has been removed, uterine contractions that may have been felt during orgasm will no longer occur.

Some women feel more sexual pleasure after hysterectomy. This may be because they no longer have to worry about getting pregnant. It also may be because they no longer have the discomfort or heavy bleeding caused by the problem leading to hysterectomy.

Glossary

Cervix: The opening of the uterus at the top of the vagina.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in a deep vein, usually in the leg.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually in the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign (noncancerous) growths that form in the muscle of the uterus.

Hormone: Substance produced by the body to control the functions of various organs.

Hysterectomy: Removal of the uterus.

Laparoscope: A slender, light-transmitting instrument that is used to view abdominal and pelvic organs or perform surgery.

Menopause: The time in a woman's life when the ovaries have stopped functioning, defined as the absence of menstrual periods for 1 year.

Osteoporosis: A condition in which the bones become so fragile that they break more easily.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Uterine Prolapse: A condition in which the uterus drops down into the vagina.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ008: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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