Hysterectomy

Vaginal hysterectomy; Abdominal hysterectomy; Supracervical hysterectomy; Radical hysterectomy; Removal of the uterus; Laparoscopic hysterectomy; Laparoscopically assisted vaginal hysterectomy; LAVH; Total laparoscopic hysterectomy; TLH; Laparoscopic supracervical hysterectomy; Robotically assisted hysterectomy

For new patient appointments, call 336-716-WAKE (9253) or request an appointment online.

Hysterectomy is surgery to remove a woman's womb (uterus).
The uterus is a hollow muscular organ that nourishes the developing baby during pregnancy.

**Description**

You may have all or part of the uterus removed during a hysterectomy. The fallopian tubes and ovaries may also be removed.

There are many different ways to perform
a hysterectomy. It may be done through:

- A surgical cut in the belly (called open or abdominal)
- Three to four small surgical cuts in the belly and then using a laparoscope
- A surgical cut in the vagina, aided by the use of a laparoscope
- A surgical cut in the vagina without the use of a laparoscope
- Three
to four small surgical cuts in the belly, in order to perform robotic surgery.

You and your doctor will decide which type of procedure. The choice will depend on your medical history and the reason for the surgery.

Why the Procedure is Performed

There are many reasons
a woman may need a hysterectomy, including:

- **Adenomyosis**, a condition that causes heavy, painful periods
- **Cancer of the uterus**, most often **endometrial cancer**
- **Cancer of the cervix** or changes in the cervix called **cervical dysplasia** that may lead to cancer
- **Cancer of the ovary**
- **Long-term (chronic) pelvic pain**
- **Severe endometriosis** that does not get better with
other treatments

- Severe, long-term vaginal bleeding that is not controlled with other treatments
- Slipping of the uterus into the vagina (uterine prolapse)
- Tumors in the uterus, such as uterine fibroids
- Uncontrolled bleeding during childbirth

Hysterectomy is a major surgery. Some conditions can be treated with less invasive procedures such as:

- Uterine artery embolization
- Endometrial ablation
- Using
birth control pills

- Using pain medicines
- Using an IUD (intrauterine device) that releases the hormone progestin
- Pelvic laparoscopy

**Risks**

Risks of any surgery are:

- Allergic reactions to medicines
- Breathing problems
- Blood clots, which may cause death if they travel to the lungs
- Bleeding
- Infection
- Injury
to nearby body areas

Risks of a hysterectomy are:

- Injury to the bladder or ureters
- Pain during sexual intercourse
- Early menopause if the ovaries are removed
- Decreased interest in sex
- Increased risk of heart disease if the ovaries are removed before menopause

Before the Procedure

Before deciding to have a hysterectomy, ask your health care
provider what to expect after the procedure. Many women notice changes in their body and in how they feel about themselves after a hysterectomy. Talk with provider, family, and friends about these possible changes before you have surgery.

Tell your health care team about all the medicines you are taking. These include herbs, supplements, and other medicines you bought without a prescription.
During the days before the surgery:

- You may be asked to stop taking aspirin, ibuprofen (Advil, Motrin), clopidogrel (Plavix), warfarin (Coumadin), and any other drugs like these.
- Ask your provider which drugs you should still take on the day of your surgery.
- If you smoke, try to stop. Ask your provider for help quitting.

On the
day of your surgery:

- You will most often be asked not to drink or eat anything for 8 hours before the surgery.
- Take any medicines your provider told you to take with a small sip of water.
- Arrive at the hospital on time.

After the Procedure

After surgery, you will be given pain medicines.

You
may also have a tube, called a catheter, inserted into your bladder to pass urine. Most of the time, the catheter is removed before leaving the hospital.

You will be asked to get up and move around as soon as possible after surgery. This helps prevent blood clots from forming in your legs and speeds recovery.

You will be asked to
get up to use the bathroom as soon as you are able. You may return to a normal diet as soon as you can without causing nausea and vomiting.

How long you stay in the hospital depends on the type of hysterectomy.

- You can likely go home the next day when surgery is done through the vagina, with a
laparoscope, or after robotic surgery.

- When a larger surgical cut (incision) in the abdomen is made, you may need to stay in the hospital for 1 to 2 days. You may need to stay longer if the hysterectomy is done because of cancer.

Outlook (Prognosis)

How long it takes you to recover depends on the type of
hysterectomy.
Average recovery times are:

- **Abdominal hysterectomy:**
  - 4 to 6 weeks
- **Vaginal hysterectomy:**
  - 3 to 4 weeks
- **Robot-assisted or total laparoscopic hysterectomy:**
  - 2 to 4 weeks

A hysterectomy will cause menopause if you also have your ovaries removed. Removal of the ovaries can also lead to a decreased sex drive. Your doctor may recommend estrogen replacement therapy. Discuss
with your provider the risks and benefits of this therapy.

If the hysterectomy was done for cancer, you may need further treatment.

Open References ▼
Treatment of Stage III, Stage IV, and Recurrent Endometrial Cancer. Endometrial cancer is a disease in which malignant (cancer) cells form in the tissues of the endometrium. Obesity and having metabolic syndrome may increase the risk of endometrial cancer. Taking tamoxifen for breast cancer or taking estrogen alone (without progesterone) can increase the risk of endometrial cancer. Endometrial cancer is the most common cancer of the female genital tract in the US, with a peak incidence between 65 and 74 years of age. Endometrial cancers can be divided into two types based on histological characteristics; type I cancers account for 80% of all endometrial cancers and are of endometrioid origin, while type II cancers originate mostly from serous or clear cells. Endometrial cancer starts when cells in the endometrium (the inner lining of the uterus) start to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other parts of the body. To learn more about how cancers start and spread, see What Is Cancer? Endometrial cancer is a type of cancer that begins in the uterus. The uterus is the hollow, pear-shaped pelvic organ where fetal development occurs. Endometrial cancer begins in the layer of cells that form the lining (endometrium) of the uterus. Endometrial cancer is sometimes called uterine cancer. Other types of cancer can form in the uterus, including uterine sarcoma, but they are much less common than endometrial cancer. Endometrial cancer is a type of uterine cancer that starts in the inner lining of the uterus. This lining is called the endometrium. According to the National Cancer Institute, approximately 3 in 100 women will be diagnosed with uterine cancer at some point in their lives. More than 80 percent of people with uterine cancer survive for five years or longer after receiving the diagnosis. If you have endometrial cancer, early diagnosis and treatment increases your chances of remission.