



Frequently Asked Questions about Hysterectomy

What is a hysterectomy?

A hysterectomy is an operation to remove a woman's uterus (womb). The uterus is where a baby grows when a woman is pregnant. Sometimes the fallopian tubes, ovaries, and cervix are removed at the same time the uterus is removed. These organs are located in a woman's lower abdomen (see image below). The cervix is the lower end of the uterus. The ovaries are organs that produce eggs and hormones. The fallopian tubes carry eggs from the ovaries to the uterus.

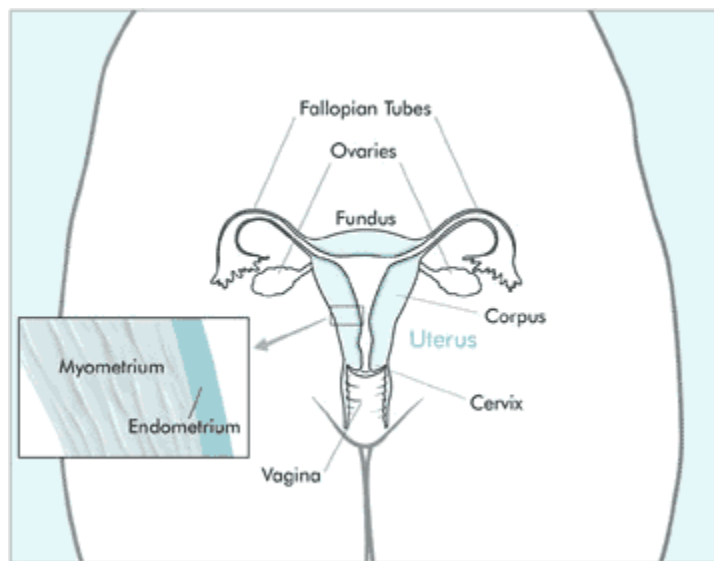


Image source: National Cancer Institute

If you haven't reached *menopause* yet, a hysterectomy will stop your monthly bleeding (periods). You also won't be able to get pregnant.

There are several types of hysterectomy:

- A *complete* or *total hysterectomy* removes the cervix as well as the uterus. This is the most common type of hysterectomy.
- A *partial* or *subtotal hysterectomy* (also called a *supracervical hysterectomy*) removes the upper part of the uterus and leaves the cervix in place.
- A *radical hysterectomy* removes the uterus, the cervix, the upper part of the vagina, and supporting tissues. This is done in some cases of cancer.

Often one or both ovaries and fallopian tubes are removed at the same time a hysterectomy is done. When both ovaries and both tubes are removed, it is called a *bilateral salpingo-oophorectomy*.

If the ovaries are removed in a woman before she reaches menopause, the sudden loss of her main source of female hormones will cause her to suddenly enter menopause (*surgical menopause*). This can cause more severe symptoms than a natural menopause.

How common are hysterectomies?

Hysterectomy is the second most common major surgery among women in the United States. (The most common major surgery that women have is cesarean section delivery.) Each year, more than 600,000 hysterectomies are done. About one third of women in the United States have had a hysterectomy by age 60.

How is a hysterectomy performed?

Hysterectomies are done through a cut in the abdomen (abdominal hysterectomy) or the vagina (vaginal hysterectomy). Sometimes an instrument called a *laparoscope* is used to help see inside the abdomen. The type of surgery that is done depends on the reason for the surgery. Abdominal hysterectomies are more common than vaginal hysterectomies and usually require a longer recovery time.

Why do women have hysterectomies? Do alternatives exist?

Hysterectomies are most often done for the following reasons:

- *Uterine fibroids*. Fibroids are common, benign (noncancerous) tumors that grow in the muscle of the uterus. More hysterectomies are done because of fibroids than any other problem of the uterus. Fibroids often cause no symptoms and need no treatment, and they usually shrink after menopause. But sometimes fibroids cause heavy bleeding or pain.

There are alternatives to hysterectomy to treat fibroids, which may be especially important for younger women who hope to have children. Sometimes fibroids are treated with medicine or other treatments designed to shrink the fibroids. But, this is only temporary – when the medicine is stopped, the fibroids will grow again. A type of surgery to remove only the fibroids without removing the uterus is called a *myomectomy*. A relatively new procedure to shrink fibroids is called *uterine artery embolization*. It involves placing small plastic particles in the blood vessels feeding the fibroids.

- *Endometriosis*. This is another benign condition that affects the uterus. Endometriosis is the second leading reason for hysterectomies. It is most common in women in their thirties and forties, especially in women who have never been pregnant. It occurs when *endometrial* tissue (the inside lining of the uterus) begins to grow on the outside of the uterus and on nearby organs. This condition may cause painful menstrual periods, abnormal vaginal bleeding, and sometimes loss of fertility (ability to get pregnant). Endometriosis is usually not a problem for women after menopause.

Women with endometriosis are often treated with hormones and medicines that lower their levels of estrogen. Surgery to remove the patches of endometrial tissue causing the symptoms may be done using a laparoscope or through a larger cut in the abdomen (laparotomy). A hysterectomy is generally not done unless other treatment has failed.

- **Uterine prolapse.** This is a benign condition in which the uterus moves from its usual place down into the vagina. Uterine prolapse is due to weak and stretched pelvic ligaments and tissues. Other organs such as the bladder can also be affected. Childbirth, obesity, and loss of estrogen after menopause may contribute to this problem. Uterine prolapse accounts for about 16 percent of hysterectomies.

Treatment may include estrogen therapy, exercises to strengthen pelvic floor muscles, or use of a *pessary*, a plastic ring inserted into the vagina to help support the uterus. In more severe cases, surgery can restore the sagging organs to their normal location and repair the supporting tissues. Sometimes a hysterectomy may be done if the prolapse is causing severe problems.

Cancers affecting the pelvic organs account for only about ten percent of all hysterectomies. Endometrial cancer (cancer of the lining of the uterus), uterine sarcoma, cervical cancer (cancer of the cervix), and cancer of the ovaries or fallopian tubes often require hysterectomy. Depending on the type and extent of the cancer, other kinds of treatment such as radiation or hormonal therapy may be used as well.

Other reasons why hysterectomies are done include chronic pelvic pain, heavy bleeding during or between periods, and chronic pelvic inflammatory disease.

What should I do if I am told that I need a hysterectomy?

If you have a condition that is not cancer, such as fibroids, endometriosis, or uterine prolapse, there are often other treatments that should be tried first. In most cases, a hysterectomy need not be done immediately. There is time for you to get more information and look into possible alternatives.

In cases of serious disease, such as cancer, a hysterectomy may not be optional and may be a life-saving choice. Before you decide what to do, it is important that you understand your condition and your options for dealing with it.

If you are suffering from continuing, severe problems with pelvic pain and abnormal uterine bleeding, and other treatments have not helped, a hysterectomy may provide welcome relief. Studies have shown that a hysterectomy often improves sexual functioning and quality of life for women suffering from these problems.

On the other hand, some women suffer serious complications from hysterectomy, even death. Most complications are less serious, and may include reactions to anesthetics, pain, infection, bleeding, and fatigue. Sometimes other pelvic organs such as the bladder and bowel are injured during a hysterectomy. Hysterectomy is also linked to urinary incontinence (problems holding your urine) and loss of ovarian function and early menopause. Some women experience depression and sexual dysfunction after hysterectomy.

If you are told that you should have a hysterectomy:

- Talk to your health care provider about your options. Ask about other treatments that are available for your condition.
- Consider getting a second opinion from another health care provider.
- Ask about possible complications of surgery.

- Keep in mind that every woman is different and every situation is different. A good treatment choice for one woman may not be the best choice for another.
- Work with your health care provider to choose the treatment that is best for you.

If my cervix was removed in my hysterectomy, do I still need to have Pap tests?

If you have had a total hysterectomy, in which the cervix was removed along with the uterus, you will not usually require Pap testing. An exception is if your hysterectomy was done because of cervical cancer or its precursors. Ask your health care provider if you need to have periodic Pap tests. It is important for all women who have had a hysterectomy to have regular gynecologic exams as part of their health care.

For more information...

To learn more about hysterectomy, contact the National Women's Health Information Center (NWHIC) at 1-800-994-WOMAN or the following organizations:

Agency for Healthcare Research and Quality

Phone Number(s): (800) 358-9295 for requesting publications

Internet Address: <http://www.ahrq.gov/consumer/>

American College of Obstetricians and Gynecologists (ACOG) Resource Center

Phone Number(s): (800) 762-2264 x 192 (for publications requests only)

Internet Address: www.acog.org

American College of Surgeons

Phone Number(s): (312) 202-5000

Internet Address: <http://www.facs.org>

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