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Hysterectomy

Hysterectomy is the operation to remove the womb (uterus). It may be advised for a number of reasons. This leaflet gives a brief overview of the operation. You should discuss any concerns with your doctor before you have a hysterectomy.

Every year in the UK, many women have a hysterectomy. Reasons for needing a hysterectomy include the following:

- Heavy periods or very painful periods. In some women, day-to-day life is made difficult because of heavy periods. Sometimes the heavy bleeding can cause anaemia. There are various other treatment options for heavy periods, including tablets and an intrauterine system. If they don't improve the problem, hysterectomy is an option for treatment.
- Fibroids. These are swellings of abnormal muscle that grow in the womb (uterus). Fibroids are common and often do not cause any symptoms. However, in some women they can cause heavy or painful periods. Some fibroids are quite large and can press on the bladder to cause urinary symptoms.
- Genitourinary prolapse. This occurs when the womb or parts of the vaginal wall drop down. This may happen after the menopause when the tissues which support the womb tend to become thinner and weaker.
- Endometriosis. This is a condition where the cells which line the womb are found outside the womb, in the pelvis. This can cause scarring around the womb and may cause the bladder or rectum to stick to the womb or Fallopian tubes. Endometriosis may cause only mild symptoms but some women develop painful periods, tummy (abdominal) pain or have pain during sex.
- Cancer. Hysterectomy may be advised if you develop cervical cancer, uterine cancer, ovarian cancer or cancer of the Fallopian tubes.

For most of the conditions mentioned above (apart from cancer), hysterectomy is usually considered as a last resort after other treatments have failed. The decision to have a hysterectomy should be shared between you, (your partner) and your doctor.

Before a hysterectomy, make sure that any questions or worries you have are dealt with. For example, the following three questions are common and only you or your doctor will be able to answer them:

- Are there any other alternative treatments that have not been tried?
- Are my symptoms and problems severe enough to need a hysterectomy?
- Do I still want to have children? (If you are considering hysterectomy before the menopause. After a hysterectomy, you would be unable to ever become pregnant.)

Kinds of hysterectomy

There are different types of hysterectomy operations:

- **Total hysterectomy** is the operation in which your womb (uterus) and the neck of your womb (cervix) are removed. The ovaries are usually left. However, if they are removed, the operation is called a total hysterectomy and bilateral salpingo-oophorectomy (BSO).
- **Subtotal hysterectomy** involves removal of your womb but not your cervix.
- **Radical hysterectomy** (also called Wertheim's hysterectomy) involves your womb, cervix, Fallopian tubes and ovaries, part of the vagina and lymph glands being removed. This operation is done for cancer.

The womb may be removed either through a cut in the tummy (abdomen), usually leaving a scar in the bikini area, or through the vagina, which means you will not have a visible scar. Sometimes the hysterectomy is done by using keyhole surgery (laparoscopic surgery). You should discuss the way your operation is to be done with your gynaecologist.

Will my ovaries be removed?

Your doctor may remove your ovaries at the same time. The decision to remove your ovaries depends on the reason for doing the hysterectomy. You should discuss with your gynaecologist the pros and cons of removing the ovaries during a hysterectomy.

Removing the ovaries at the time of hysterectomy reduces the risk of ovarian cancer. However, removing your ovaries will lead to you going through the menopause. You may be advised to take hormone replacement treatment (HRT).

If you are under 50 years old and have your ovaries removed then you should discuss with your doctor about taking HRT. Women going through menopause under the age of 50 years benefit from taking HRT. Any risks of HRT are more relevant for women over the age of 50 years.

If your ovaries are not removed, you still may be more likely to go through the menopause earlier than you might have done if you had not had the hysterectomy. The exact risk of this is not clear - it is difficult to study as it cannot be known when you would have gone through the menopause if you had not had the hysterectomy. If you experience symptoms which may be related to the menopause (for example, hot flushes, mood swings, etc), you should discuss them with your doctor. After a hysterectomy you will no longer have periods but you may still get cyclical symptoms if your ovaries have not been removed (such as mood or breast changes).

Will having a hysterectomy affect my sex life?

Removing your womb (uterus) should not stop you having a good sex life after the operation. In fact, many women report an improvement in their sexual pleasure after having a hysterectomy. This may be because the reason for having a hysterectomy (pain, prolonged heavy bleeding, etc) is removed. However, some women feel that a hysterectomy impairs their sex life. In particular, some women feel that their orgasm is different after a hysterectomy. Some even have difficulty in reaching orgasm. Having a hysterectomy should not affect your sex drive (libido) unless your ovaries are also removed. Having HRT will improve this though.

You can usually begin to have sex again about six weeks after the operation. You obviously will no longer need to use any form of contraception after a hysterectomy. However, you may still wish to use condoms to protect against sexually transmitted infections.

How will I feel straight after the operation?

You will be given painkillers for the first few days, both whilst in hospital and also to take home with you. You will be able to eat and drink within a few hours of having the operation. You are likely to have a catheter in for a couple of days or so. This is a thin tube going into your bladder, which drains urine. Some women also have a drain coming out of their tummy (abdomen) close to the wound for a day or so.

It is very common to have some light bleeding from the vagina, which can last for up to six weeks. If you have any stitches which need removal, this is usually done between five and seven days after your operation.

How long will it be before I can return to normal?

This varies from person to person. Recovery is usually faster if you have had the hysterectomy through the vagina. You are likely to need to rest more than usual for a few weeks after the operation. You are likely to be recommended to do light exercise and gradually build up the amount of exercise you do. It is likely that you will be shown how to do pelvic floor exercises which are important to continue at home. Full recovery commonly takes around six to eight weeks. However, it is not unusual for women to take three months until they feel fully back to normal.

There is a small increased risk of clots in the veins of your legs (deep vein thrombosis) following surgery. This risk is reduced by wearing special compression stockings (anti-embolic stockings) which will be given to you in the hospital. Some women will also need to have heparin injections in their stomach which work to make the blood less sticky and reduce the risk of a clot developing. Your doctor will explain this in more detail to you.

You should not drive until your doctor tells you that you are safe to do so after your hysterectomy. This is usually between three to eight weeks after the operation. You should not drive until you are safe to do an emergency stop. The time before you can return to work will depend on your job. You can discuss this with your doctor or gynaecologist.

Will I still need to have cervical screening tests?

Most women no longer need to have cervical screening tests after a hysterectomy. However, if you have had an operation that leaves the neck of the womb (cervix) in place, or because of cancer, you may be advised to continue having cervical screening tests. Your doctor will advise you about this.

Further reading & references

- Heavy menstrual bleeding - assessment and management; NICE Clinical Guideline (August 2016)
- Aarts JW, Nieboer TE, Johnson N, et al; Surgical approach to hysterectomy for benign gynaecological disease. Cochrane Database Syst Rev. 2015 Aug 12;(8):CD003677. doi: 10.1002/14651858.CD003677.pub5.
- Liu H, Lawrie TA, Lu D, et al; Robot-assisted surgery in gynaecology. Cochrane Database Syst Rev. 2014 Dec 10;(12):CD011422. doi: 10.1002/14651858.CD011422.
- Marjoribanks J, Lethaby A, Farquhar C; Surgery versus medical therapy for heavy menstrual bleeding. Cochrane Database Syst Rev. 2016 Jan 29;1:CD003855. doi: 10.1002/14651858.CD003855.pub3.
- Orozco LJ, Tristan M, Vreugdenhil MM, et al; Hysterectomy versus hysterectomy plus oophorectomy for premenopausal women. Cochrane Database Syst Rev. 2014 Jul 28;(7):CD005638.

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