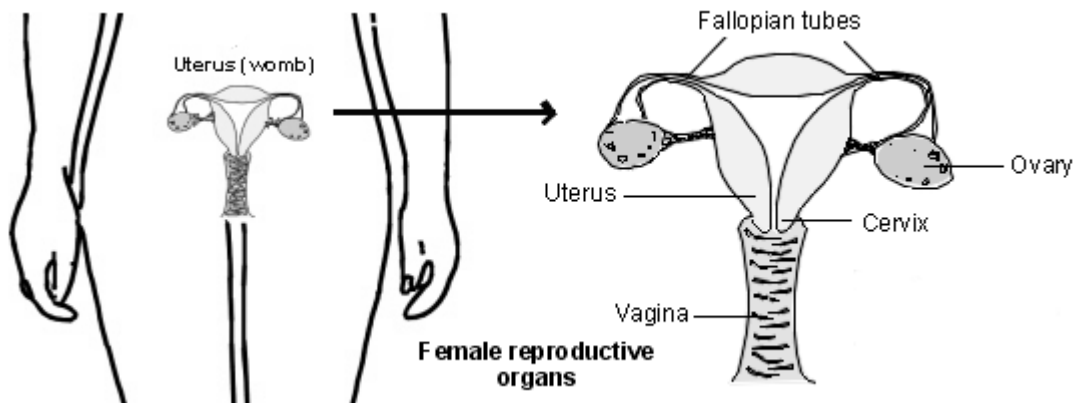


Hysterectomy

Hysterectomy may be advised for a number of reasons. This leaflet gives a brief overview. You should discuss with your doctor any concerns before you have a hysterectomy.

What is hysterectomy?

The female reproductive organs are made up of a uterus (womb), vagina, fallopian tubes, and ovaries. The uterus is about the size of a pear. It is made of special muscle, and lies in the pelvis near to the bladder and rectum. Hysterectomy means removal of the uterus.



Some reasons why a hysterectomy is recommended

- **Heavy 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. Various medicines may help to ease heavy periods. But, if they don't work, hysterectomy is an option.
- **Fibroids.** These are swellings of abnormal muscle that grow in the uterus. Fibroids are common and don't always cause problems. 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.
- **Prolapse.** This is where the uterus, or parts of the vaginal wall, drops down. This may happen after the menopause when the tissues which support the uterus tend to become thin and weak.
- **Endometriosis.** This is a condition where the cells which line the uterus are found outside the uterus in the pelvis. This can cause scarring around the uterus, and may cause the bladder or rectum to 'stick' to the uterus or fallopian tubes. Endometriosis may cause only mild symptoms, but some women develop painful periods, abdominal pain, or have pain during sex.
- **Cancer.** Hysterectomy may be advised if you develop cancer of the cervix, uterus, fallopian tubes, or ovaries.

For most of the conditions mentioned above (apart from cancer), hysterectomy is usually considered a last resort after other treatments have failed. The decision to

have a hysterectomy should be shared between you, (your partner), and your doctor or gynaecologist.

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:

- 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).

What kinds of hysterectomy are there?

The uterus may be removed through a cut in the abdomen, or sometimes through the vagina. The vaginal operation is more commonly done for prolapse. It is worth discussing the way the operation is to be done with your gynaecologist.

Will my ovaries be removed?

Sometimes this is necessary because of the reason for the hysterectomy. You should discuss the pros and cons of removing the ovaries during a hysterectomy with your gynaecologist. If your ovaries are removed, you may be advised to take hormone replacement treatment (HRT).

Will it affect my sexuality?

Removing your 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 (prolonged heavy bleeding, etc) is removed. You can usually begin to have sex again about 6 weeks after the operation. Some women feel that their orgasm is different after a hysterectomy. But, hysterectomy should not affect your sex drive (libido) unless your ovaries are also removed.

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

This varies from person to person. You may need to rest more than usual for a few weeks after the operation. Full recovery commonly takes around 6-8 weeks. 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 smears?

If you have had a hysterectomy because of cancer, or severe pre-cancerous changes at the cervix, you probably will. Your doctor will advise. Otherwise, you will no longer need to have smears. (However, some women have a partial hysterectomy where the main part of the uterus is removed but the cervix is left. If you have this type of operation you will still need to have smears.)

Further help and information

Hysterectomy Association

60 Redwood House, Charlton Down, Dorchester, Dorset, DT2 9UH

Tel: 0871 781 1141 Web: www.hysterectomy-association.org.uk

Aims to provide clear, concise information about hysterectomy and related issues for women undergoing, or planning to undergo, surgery. The intention is to ensure that women make informed choices about their surgery.

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