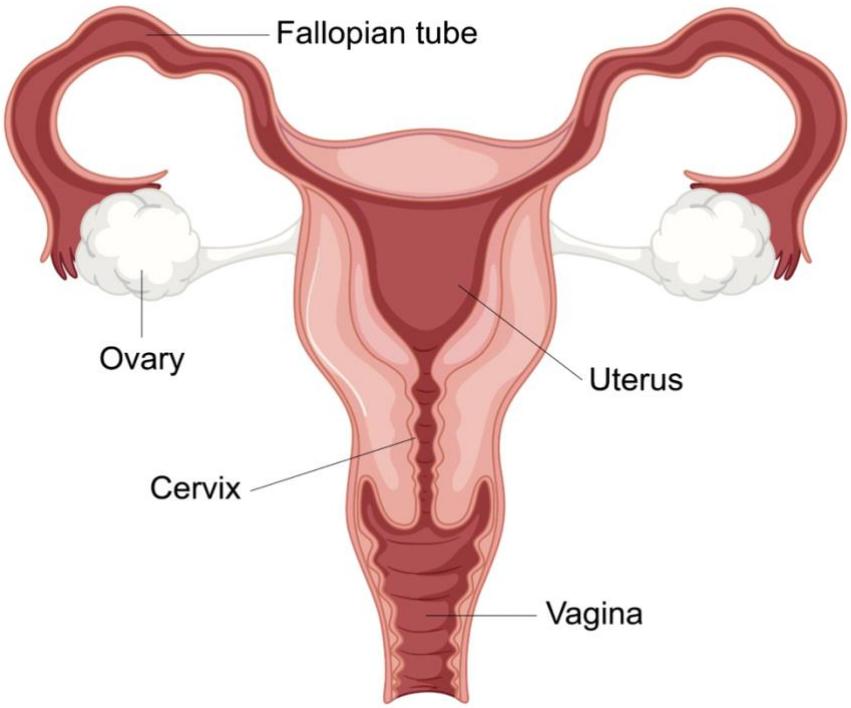
MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
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Abdominal (open) hysterectomy: patient information



Over 30,000 hysterectomies are performed annually in Australia. Considered a major operation, it involves removing the uterus (or womb). 'Hyste-' refers to the uterus, and '-ectomy' means means 'cutting out'.

Reasons to consider having a hysterectomy

You may be considering having a hysterectomy for any number of reasons. The most common reasons for a hysterectomy are:

- Fibroids: very common, non-cancerous overgrowths of the uterine muscle
- Adenomyosis: common, non-cancerous condition in which the lining of the uterus grows a little too deep, into the muscle of the uterus
- Endometriosis: a very common condition, which often causes extremely painful periods. If you have completed your family, and need keyhole surgery to have endometriosis removed, your gynaecologist may also suggest having your uterus removed, to decrease the chance of endometriosis coming back
- Prolapse: a common condition, in which a woman's pelvic organs (eg. uterus, bladder and / or bowels) bulge down into the vagina

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- Endometrial hyperplasia: if you have been found to have severe pre-cancerous changes of the uterine lining, and you have completed your family, hysterectomy may be recommended
- Persistent pelvic pain: while removing the uterus takes away one possible factor that may be contributing to chronic pelvic pain, having a hysterectomy is not a guarantee that your persistent pelvic pain will be cured
- Gender-affirmation: if you are transitioning from female to male, having a hysterectomy may be part of your transition

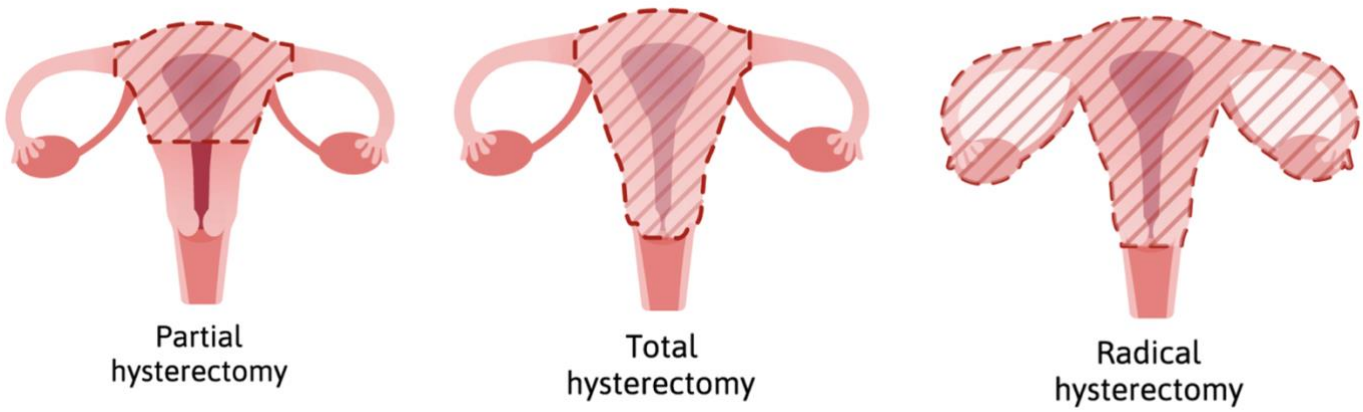
Once you have had a hysterectomy, and your uterus removed, you won't be able to bear your own children. Future options to have children include adoption and surrogacy.

Different types of hysterectomy

<u>Removal of uterus +/- cervix +/- 'parametrium'</u>

There are several different types of hysterectomy, depending on what surrounding organs are also removed:

- Sub-total hysterectomy (aka. 'partial' or 'supra-cervical' hysterectomy): removing the uterus, and leaving the cervix inside your body
- Total hysterectomy: removal of the uterus and the cervix
- Radical hysterectomy: removal of the uterus, cervix, the 'parametrium' (supportive ligaments and tissues around the uterus), the upper part of the vagina, and the lymph nodes in the pelvis. This operation should only be performed by a gynae-oncologist (a gynaecologist who has completed an additional three years of training in surgical techniques for women with pelvic cancers).



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What are the pros and cons of having my cervix removed during my hysterectomy?

Some doctors used to think that removing the cervix leads to decreased female sexual satisfaction. More research has shown that this is not the case.

There is a slightly increased risk of prolapse if your cervix is removed during your hysterectomy. To reduce this risk, many gynaecologists (when removing the cervix) make sure to include some supportive ligaments in the row of stitches at the top of the vagina.

Different ways a gynaecologist can perform a hysterectomy

There are several different ways in which a gynaecologist can remove a uterus. These include:

- Abdominal / open hysterectomy, in which a big (approx 10 – 15cm) cut is made in your tummy. The Australasian Gynaecological Endoscopy & Surgery Society (AGES) has produced a video about abdominal hysterectomy, which you are encouraged to watch if you are planning to have this operation. It can be viewed by scanning the QR code to the right
- Laparoscopic / keyhole hysterectomy, in which the hysterectomy is completed through four small (≤ 10mm) cuts in your tummy.
- Vaginal hysterectomy, in which the surgeon sits between your legs and operates through your vagina to remove the cervix and uterus. You would not have any scars on your tummy, as the operation is performed completely from below
- vNOTES hysterectomy: a combination of keyhole and vaginal hysterectomies. The gynaecologist sits between your legs, and uses keyhole surgery techniques through your vagina to remove your cervix and uterus

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Management of Fallopian tubes

The Fallopian tubes are thin muscular tubes that extend from each top corner of the uterus, out towards the ovaries. The only purpose Fallopian tubes serve is for egg and sperm to meet, to have a baby. There is growing evidence that many 'ovarian' cancers actually start in the Fallopian tubes. So having your Fallopian tubes removed reduces your future risk of ovarian cancer by approximately 80%.

Hence, it is now standard practice to remove the Fallopian tubes whenever performing a hysterectomy: a procedure called a 'bilateral salpingectomy'. (Bilateral means both left and right sides, -ectomy means cutting out, and salpinge- refers to the Fallopian tubes.)

Management of ovaries

The ovaries are small white organs that are about the size of an almond shell. Up to the age of 60yo, the ovaries produce female hormones which help to maintain bone health (ie. prevent osteoporosis) and cardiovascular (blood vessel) health.

There is no benefit to keeping your ovaries after 60yo. Hence, if you are having an operation to remove your uterus at or after 60yo, your gynaecologist will likely also recommend having your ovaries removed, which is called 'oophorectomy'. Having your ovaries removed almost completely negates the risk of ovarian cancer in future.

Prior to 60yo, removing one or both ovaries is only needed if either or both ovaries are abnormal.

Possible complications of a hysterectomy

No operation is without risk. Possible complications during or after a hysterectomy include:

- Bleeding
- Infection
- Damage to internal organs (bladder / bowel / ureters) or blood vessels
- Anaesthetic complications

Please discuss the potential complications of hysterectomy with your gynaecologist.

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What can I expect on the day?

As hysterectomies are performed under a general anaesthetic, you will need to fast prior to your planned procedure. This means you cannot eat, smoke, or use chewing gum for six hours prior.

When you arrive at the hospital, a nurse will go through a survey to admit you to hospital. You may need to wait around for a little while after this, so best bring something to entertain you while you wait, such as a book.

Your hysterectomy will take anywhere from 1.5 - 4 hours, depending on the surgical complexity.

What can I expect afterwards?

You can eat and drink as soon as you wake up from your general anaesthetic. You will need to stay in hospital for 2 – 3 nights if you had an open (abdominal) operation.

You will be prescribed regular simple pain relief medicines (eg. paracetamol and anti-inflammatories), plus additional stronger pain relief tablets to take if needed.

Your post-operative pain will depend on what type of hysterectomy you had. If you've had an open (or 'abdominal') hysterectomy, the 10 – 15cm surgical scar may cause some pain, which is likely to necessitate stronger pain relief for up to 4 weeks, plus up to 6 weeks off work.

When to seek medical advice

Please contact your Maven Centre gynaecologist if you notice any of the following:

- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Severe pain in your pelvis (the part of your tummy below your belly button)
- A temperature at or above 38°C
- An abnormally smelly vaginal discharge
- Worsening nausea and / or vomiting
- Smelly, pus-like discharge from any of your surgical scars

If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre gynaecologist, please attend your local Emergency Department.

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Frequently asked questions

Will I still have periods after my hysterectomy?

No. The uterus is the source of bleeding during periods. So removing the uterus means your periods will stop. If you keep your ovaries, you may continue to have other monthly symptoms (such as breast tenderness), up until your natural age of menopause.

When can I go back to work after my abdominal hysterectomy?

After having an abdominal ('open') hysterectomy, most patients stay in hospital for 2 – 3 nights. Most women who work a desk-based job will feel up to going back to work after six weeks off. If you work a more physical job, you may find you need more time off work.

When can I have sex again?

If you had a total hysterectomy (in which both the uterus and cervix are removed), you will have a row of stitches at the top of your vagina, where the cervix used to be. To enable this row of stitches to heal fully, it is recommended that you don't have insertive sex for at least six weeks after your operation.

When will I get the results of my procedure?

It usually takes approximately 10 days for a laboratory to finalise the results from the specimens that are sent there. If you are concerned, please contact Maven Centre and ask your gynaecologist to pass the results on to you.

Do I need to keep having cervical screening tests (ie. Pap smears) after my hysterectomy?

If you have had a 'total hysterectomy' (and your cervix removed, along with your uterus), you do not need to have any more cervical screening tests done in future. The only exception to this is if your most recent cervical screening test showed severe pre-cancerous changes (so-called 'CIN3'), in which case you need to have ongoing screening of the top of your vagina (where the cervix used to be).

If you had a sub-total hysterectomy, and still have a cervix, you need to continue with cervical screening tests, as per national guidelines.

This pamphlet is a general overview of hysterectomy, and may not apply to everyone.
If you have any further questions, please speak to your gynaecologist.