

Patient information from BMJ

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Hysterectomy

A hysterectomy is an operation to remove the uterus (womb). Having a hysterectomy can help to treat or cure several conditions, including heavy periods, fibroids, and some cancers.

Here, we look at how and why it's done, and what the risks might be. You can use our information to talk with your doctor about how this operation might help you, and to ask any questions that you have.

What is a hysterectomy?

There are several types of hysterectomy:

- With a **total hysterectomy** the uterus is removed along with the cervix. The cervix is the neck of the womb. It sits between the uterus and the vagina.
- With a **subtotal hysterectomy** just the uterus is removed.

Some women have other tissue and organs removed during a hysterectomy, depending on their medical needs. For example, some women need to have the ovaries and fallopian tubes removed, along with other nearby tissue.

These other tissues are often removed as part of an operation to remove a cancer. But your doctor might suggest removing them even if you don't have cancer, because it can help prevent cancer and cysts from developing in the future.

Why might I need a hysterectomy?

A hysterectomy can be used to treat several conditions, including:

- **heavy periods.** After a hysterectomy you won't have periods any more. So you won't have any more symptoms linked to heavy periods, such as cramps, backache, and bloating
- **fibroids**(lumps in the womb). If you have fibroids, these will be removed during a hysterectomy. So you won't have any more of the problems that fibroids can cause (such as pain or heavy periods), and the fibroids won't come back

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- **cancer.** Several types of cancer, including endometrial cancer (cancer of the womb) and cervical cancer can be treated with a hysterectomy. If the cancer is at an early stage, this treatment can often cure it completely
- **endometriosis.** This happens when small pieces of your womb lining stick to other parts of your body, such as your ovaries or your bladder. Your doctor might suggest hysterectomy if other treatments haven't worked
- **pelvic inflammatory disease (PID)** can cause severe pelvic pain. Pain that doesn't get better with other treatment can be treated with a hysterectomy
- **a prolapsed womb.** This happens when the muscles and other tissues called ligaments, which support the womb, get weaker, causing the womb to drop.

Rarely, an **emergency hysterectomy** is needed. This happens when a woman has severe bleeding after giving birth. The hysterectomy is done as a last resort to stop the bleeding and save the mother's life.

Will I feel better?

For treatments other than cancer, hysterectomy is not life saving. But it can help you feel better and more able to live life normally and with less pain.

It's not possible to predict what will happen to individual women. And hysterectomy isn't a miracle cure. But it can help many women to feel better about themselves, have less pain, and feel more able to enjoy the normal activities of life, such as work, being active, family time, and socialising.

What will happen?

A hysterectomy can be done in several ways.

- With **abdominal surgery**, the surgeon removes the womb by making a cut low down on your abdomen (tummy).
- With **keyhole surgery** (also called laparoscopy), the womb is removed through several small cuts in the abdomen.
- The womb can also sometimes be removed through the **vagina**, so that there is no need for any cuts in the abdomen.

Whatever type of surgery you have, you might have an assessment appointment a few days before the operation. At this appointment your doctor might ask you about your general health, how you are feeling, and whether you have any questions.

Abdominal surgery

This operation is done under general anaesthetic. The surgeon makes a horizontal (sideways) cut low on the abdomen, just above your pubic hair. If your womb is very large, or if you have a large fibroid, the surgeon might make a vertical cut.

The womb (and any other tissues that need to be removed) are taken out through the incision. The incision is then sewn up. The operation often takes less than an hour.

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Keyhole surgery

This operation takes a little longer than abdominal surgery. It's usually done under general anaesthetic.

The surgeon makes a small cut in the abdomen and then feeds a tiny camera into the incision. He or she can then see inside your womb without making a larger cut.

Your uterus, and any other tissue that needs to be removed, can then be taken out through other small incisions in the abdomen, or through your vagina.

Vaginal hysterectomy

Like keyhole surgery, this operation can sometimes be done with a local anaesthetic. The surgeon doesn't usually need to make any cuts in your abdomen. He or she inserts the surgical instruments through the vagina, and removes the womb by the same route.

What are the risks?

As with any surgery, having a hysterectomy carries some risks. Some of these are minor problems while others are more serious.

Minor problems that can happen include:

- problems with anaesthetics. Anaesthetics can make you feel nauseous. And some people are allergic to them. But you will be carefully monitored for problems
- unusually heavy bleeding during the operation. This is more common with abdominal surgery
- infection. If this happens you will need treatment with antibiotics
- bruising. This can look worrying but it's not serious and will go away after a while.

More serious problems are rare, but they can happen. They include:

- damage to the bowel or bladder during the operation. If this happens you might need another operation to repair the damage
- needing to change to abdominal surgery once your operation has started. Your surgeon might start by doing a vaginal hysterectomy. But an abdominal cut might be needed if he or she cannot remove your womb through your vagina
- blood clots forming in your legs. If these clots break away they can travel to your lungs and stop you breathing properly. This is rare, but it's serious when it happens. You might be given special support stockings to wear after your operation to improve your blood flow and help prevent clots
- dying during the operation. This is very rare. But your doctor should discuss this and all the risks with you.

Some problems happen some time after the surgery. They include:

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- symptoms of the menopause. This often happens to women who have their ovaries and fallopian tubes removed. These symptoms include a dry vagina and hot flushes. Some women decide to take HRT if this happens
- vaginal prolapse. This means that the vagina can no longer be supported by the muscles around it, and other organs can push it out of shape, causing discomfort. If this happens you might need an operation to correct it
- bladder problems. Having a hysterectomy can increase your chance of being incontinent in later life. This means that you might need to urinate more often, often without much warning, or leak urine.

What can I expect afterwards?

Recovery in hospital

If you've had a general anaesthetic, you might feel tired and sore when you wake up. You will be given painkillers, probably through an intravenous (IV) drip in your hand.

Whichever type of operation you have had, you might also need:

- a catheter fitted to remove urine, and
- a tube in place to remove any fluid from your abdomen.

These tubes usually only stay in for a day or so. You'll be encouraged to eat and drink normally when you feel like it, and to get up and move around.

You might get some watery, blood-stained discharge from your vagina for a few days after the operation. This will gradually clear up.

Recovery at home

When you can go home depends on several things, including:

- what type of operation you had
- your general health, and
- your age.

If you had abdominal surgery you will need to recover in hospital for about four days. With the other types of operation you can usually go home a day or two earlier.

Once you're home, it's important to take it easy for a few days. But you should try to do some gentle walking each day. Don't lift anything too heavy (no heavier than a full kettle) for the first six weeks, as your body needs time to heal.

You might feel low or tearful for a few days after your operation and your moods might change. This is normal. Your body has been under quite a lot of stress and these feelings are natural.

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If you are in pain, paracetamol or ibuprofen can help. But don't take more than the recommended dose.

You might need a couple of months to recover and get back to normal. But if you've had your womb removed through your vagina, your recovery will be quicker.

When you can get back to work depends partly on the kind of work you do. But it will be at least a few weeks.

And it will be between a few weeks and a couple of months before you can start driving again. As a guide, you're probably OK to drive when you feel you could make an emergency stop without thinking about whether it might hurt.

The longer term

The way that women feel about themselves, their bodies, and their wellbeing after a hysterectomy varies a lot.

For example, if you had a hysterectomy to remove cancer, you might think of it as something that was just necessary to cure you. Any other feelings about it might come second.

But if you had a hysterectomy for another reason - for example, heavy periods - your feelings might be more complex. After all, it's a big physical change that can affect your emotions and take time to come to terms with.

For example, you might worry that having your womb removed will make you feel less feminine or affect your sex life. And it's true that after a hysterectomy some women find that they have difficulty becoming aroused, and have a lower sex drive.

But it can work the other way, too. Many women feel much better about themselves after their hysterectomy than they have done for months or years. For example, they have fewer problems with depression and anxiety, and their sex life improves.

It takes time for your body to settle down, though. For example, it's best to wait until about four to six weeks after the operation before you have sex. By this time, your discharge will have stopped and your vagina should have healed. You won't need to use contraception because you don't have a womb anymore.

If sex is uncomfortable it might be because your vagina is dry. This is more likely to happen if your ovaries were removed during your hysterectomy. You can use a vaginal lubricant, which you can buy at a pharmacy. Or you might want to talk to your doctor about hormone replacement therapy (HRT).

There might be other changes, too. For example, if you've had a total hysterectomy your cervix will have been removed, so you won't ever need to have cervical cancer screening again (what used to be called a 'smear test' or 'PAP smear').

You might find it helpful to talk to your partner, or to friends or family about how you feel after your operation. Emotional support can be helpful in helping you to recover, adjust, and hopefully feel better.

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