



womenshealth.gov

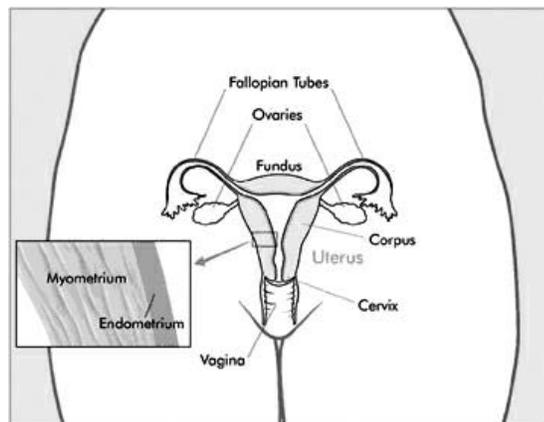
1-800-994-9662

TDD: 1-888-220-5446

Hysterectomy

Q: What is a hysterectomy?

A: A hysterectomy is an operation to remove a woman's uterus (womb). The uterus is where a baby grows when a woman is pregnant. In some cases, the ovaries and fallopian tubes also are 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.



NATIONAL CANCER INSTITUTE

There are several types of hysterectomies:

- Complete or total. Removes the cervix as well as the uterus. (This is the most common type of hysterectomy.)
- Partial or subtotal. Removes the upper part of the uterus and leaves the cervix in place.

- Radical. 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.

If you haven't reached menopause (when you haven't had a period for 12 months in a row), a hysterectomy will stop your monthly bleeding (periods). You also won't be able to get pregnant. And you may have menopausal symptoms, such as hot flashes and vaginal dryness. If both ovaries are removed as well, you will suddenly enter menopause.

Q: How common are hysterectomies?

A: A hysterectomy is the second most common surgery among women in the United States. (The most common is cesarean section delivery.) Each year, more than 600,000 are done. One in three women in the United States has had a hysterectomy by age 60.

Q: How is a hysterectomy performed?

A: 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 during vaginal hysterectomy. The type of surgery that is done depends on the reason for the surgery. Abdominal hysterectomies are more common and usually require a longer recovery time.



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

Q: How long does it take to recover from a hysterectomy?

A: Recovering from a hysterectomy takes time. You will stay in the hospital from one to two days for postsurgery care. Some women may stay in the hospital up to four days.

- **Abdominal.** Complete recovery usually takes four to eight weeks. You will gradually be able to increase your activities.
- **Vaginal or laparoscopic.** Most women are able to return to normal activity in one to two weeks.

For both, by the sixth week, you should be able to take tub baths and resume sexual activities.

Q: Why do women have hysterectomies?

A: Hysterectomy is used to treat:

- **Fibroids.** More hysterectomies are done because of fibroids than any other problem of the uterus. For many women with fibroids, symptoms are minimal and require no treatment. Also, the fibroids often shrink after menopause. But fibroids can cause heavy bleeding or pain in some women.
- **Endometriosis.** This happens when the tissue lining the inside of your uterus grows outside the uterus on your ovaries, fallopian tubes, or other pelvic or abdominal organs. When medication and surgery do not cure endometriosis, a hysterectomy often is performed.

- **Uterine prolapse.** This is when the uterus moves from its usual place down into the vagina. This can lead to urinary problems, pelvic pressure, or difficulty with bowel movements.
- **Cancer.** If you have cancer of the uterus, cervix, or ovary a hysterectomy may be part of the treatment your doctor recommends.
- **Persistent vaginal bleeding.** If your periods are heavy, not regular, or last for many days each cycle and nonsurgical methods have not helped to control bleeding, a hysterectomy may bring relief.
- **Chronic pelvic pain.** Surgery is a last resort for women who have chronic pelvic pain that clearly comes from the uterus. However, many forms of pelvic pain aren't cured by a hysterectomy, and so this approach can be a permanent mistake.

Q: Are there any risks?

A: A hysterectomy involves some major and minor risks. Most women do not have problems during or after the operation. Some risks include:

- Heavy blood loss, that requires blood transfusion
- Bowel injury
- Bladder injury
- Anesthesia problems (such as breathing or heart problems)
- Need to change to abdominal incision during surgery
- Wound pulling open



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

Q: Can a hysterectomy lower my sexual desire?

A: Women who have had a hysterectomy, in which one or both ovaries are removed, can have lowered sexual desire and decreased pleasure and orgasm. If you have problems with sexual desire or functioning, talk to your doctor.

Q: Do options other than hysterectomy exist?

A: If you have cancer, hysterectomy might be the only option. But if you have uterine fibroids, endometriosis or uterine prolapse, there are other treatments you can try first.

- **Drug therapy.** Certain medications may lighten heavy uterine bleeding or correct uterine bleeding that is not regular. Certain medications can help with endometriosis.
- **Endometrial ablation.** If you have heavy or irregular uterine bleeding, this procedure might ease your symptoms. With a special device, a doctor uses electricity, heat, or cold to destroy the lining of your uterus and stop uterine bleeding.
- **Uterine artery embolization.** For treating fibroid, this procedure involves blocking the blood supply to the tumors. Without blood, the fibroids shrink over time, which can reduce pain and heavy bleeding.
- **Myomectomy.** If you have fibroid tumors, this surgical procedure removes the tumors while leaving your uterus intact. There's a risk that the tumors could come back.

- **Vaginal pessary.** This is an object inserted into the vagina to hold the womb in place. It may be used as a temporary or permanent form of treatment. Vaginal pessaries come in many shapes and sizes, and they must be fitted for each woman individually.

Talk to your doctor about nonsurgical treatments to try first. Doing so is really important if the recommendation for a hysterectomy is for a reason other than cancer.

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

- A:**
- Talk to your doctor about your options. Ask about other treatments for your condition.
 - Consider getting a second opinion from another doctor.
 - 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 good for another.

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

A: Ask your doctor if you need to have periodic Pap tests. Regardless of whether you need a Pap test or not, all women who have had a hysterectomy must continue to have regular gynecologic exams. ■



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

For more information...

To learn more about hysterectomy, contact the National Women's Health Information Center (NWHIC) at 1-800-994-9662 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>

The FAQ was reviewed by

Dr. Edward Trimble, MD, MPH

Head, Gynecologic Cancer Therapeutics & Quality of Cancer Care Therapeutics, Clinical Investigations Branch

Cancer Therapy Evaluation Program

National Cancer Institute Division of Cancer Treatment and Diagnosis

July 2006