

# HYSTERECTOMY: An Overview

**Hysterectomy** - the word alone makes some of us cringe. What really is a hysterectomy, and why is it done? What can I expect to feel like and to be like afterwards? Are there any other choices for my problem? This article will look at all of these questions.

In the United States, almost 600,000 hysterectomies are performed each year. By the time we are 65 more than 1 in 3 women will have had an operation to remove the uterus. The word hysterectomy comes from Greek (isn't all medical terminology Greek?!) It means removal of the uterus with its attached cervix (the part that connects the vagina to the muscle part of the organ). Subtotal or supracervical hysterectomy means removal of the muscular upper part of the uterus leaving the cervix in place. Removal of the ovaries and tubes has a huge long (Greek, of course) name - salpingo-oophorectomy. Doctors usually shorten this because even we have trouble saying it - so BSO means removal of both tubes and ovaries.

A very small number of hysterectomies are absolutely necessary to save a woman's life. The rest are done to improve the quality of life. Cancer of the uterus, the cervix or the tubes and ovaries is usually treated by hysterectomy. Sometimes if the cancer is very large, x-ray treatment or chemotherapy might be suggested before an operation or instead of surgery. Aside from cancer, the only other reasons why hysterectomy is done as an emergency to save a woman's life are for uncontrollable bleeding or infection in the organs that is so severe that antibiotics are not helping.

So, since these terrible situations are rare, why are so many hysterectomies done? Bleeding, pain with periods or in the pelvis and growths on the uterus (fibroids), ovaries (cysts) that are not cancers are all sometimes reasons for hysterectomy. Also, sometimes the muscles and ligaments that support the uterus become weak and the uterus may literally fall down outside the vagina. This condition, too, may be treated with removal of the uterus and tying up the sagging parts.

**Abnormal bleeding** is the most common reason that hysterectomy is recommended to women. I like to divide this problem into its two causes: hormone imbalances and structural problems. In my simple approach, hormone fluctuations - which are very common both in teenagers just starting their periods and in women getting towards menopause - should be easily treated with medicine - often birth control pills - to smooth out the rollercoaster. Sometimes women can't take hormones or they feel terrible on the medication and will choose to have the uterus removed to resolve the bleeding. A procedure called **endometrial ablation** (endometrium is the lining of the uterus that sheds with a period; ablation means destruction) can sometimes help women with bleeding problems who don't want to take medicine and choose not to have a hysterectomy. While it is still surgery, the recovery from endometrial ablation is less than a week and it offers women a chance to keep their parts. The downside is that it might not work, or it might solve the problem only temporarily. As many as half of women who have an endometrial ablation, will need another pelvic operation by 5-10 years afterwards.

**Fibroid tumors** of the uterus probably account for at least 200,000 hysterectomies each year. They are very common and tend to grow as women get older (more mature?). They may cause heavy bleeding or pressure in the pelvis .it doesn't feel very good to have a basketball growing inside! We are very lucky; in the 21st century hysterectomy is not the only choice women have for treatment of the fibroids. Small fibroids (or uterine polyps as well) when they grow inside the

uterus, cause very heavy bleeding. They can be removed through a tiny telescope called a hysteroscope (hyster means uterus .scope means to look at). The scope is placed through the opening in the cervix and up into the uterus where these small tumors can be shaved off. The procedure is easy to recover from and will allow a woman to get pregnant. Again, the downside is that women tend to grow additional fibroids over time, so another operation might be needed in the future.

For women with lots of fibroids, or very large ones, an operation called **myomectomy** (myoma is the medical word for fibroid; -ectomy means removal) can be done. This is major surgery and demands a fair amount of skill on the part of a surgeon, but myomectomy is definitely another choice for women who have symptoms from fibroids and don't want to lose their uterus. Finally, there is a "high-tech" option for women with fibroids who don't want surgery at all but do not want to become pregnant in the future. Uterine artery embolization (or uterine fibroid embolization) is a procedure where a small tube is placed through the big artery in the groin (femoral artery) and threaded into the blood vessels that supply the uterus. The doctor then squirts small particles into the arteries to block off the blood flow to the uterus. Because the fibroid tissue dies without the oxygen supplied by the blood, the growths shrink and the symptoms usually go away. The procedure is done in the hospital and does require a lot of skill and experience. It may however be a good choice for some women.

If after thinking about all the options, a hysterectomy seems like the best way to go, there are still some decisions to make: How will the surgery be done through the vagina, through a cut in the belly, or using an operating telescope with several small cuts in the belly? Is there a reason to remove the tubes and ovaries? What about keeping the cervix? Under most circumstances, having the surgery through the vagina is the safest, most cosmetic and easiest to recover from. The operating telescope is sometimes needed if hysterectomy is being done for pain symptoms (to be able to see everything in the belly) or for growths on the ovary. Making a cut in the belly wall (abdominal hysterectomy) is almost always done to treat cancer and when fibroid tumors are so large that they cannot be removed any other way.

Some people think there is an advantage to leaving the cervix in place at the time of hysterectomy. The theory is that we keep the structures that provide support for the bladder, vagina and cervix intact and avoid "falling of the parts" later on. Others believe that nerves traveling next to the cervix can be hurt if the cervix is removed at hysterectomy. These nerves may contribute to sexual sensation and orgasm. The truth is that studies looking at both of these issues have shown absolutely **NO DIFFERENCE** in sexual function or in pelvic support between women who had the cervix removed and women who did not. Sometimes there was bleeding from the cervix after hysterectomy if the cervix was left in place. **Bottom line** - this is a personal choice and something to discuss with your doctor, but you can expect excellent results and ongoing normal (for you) sexual function after hysterectomy whether or not your cervix is removed.

**Finally, what about the ovaries?** The only reason to remove normal ovaries is to reduce the risk of ovarian cancer. Surprisingly, even complete removal of both tubes and ovaries does not eliminate the possibility of getting this devastating cancer. If there is a strong

family history of ovarian or breast cancer, or if you personally have had breast cancer and you understand that you will very likely need to take medication at least for a while to help you with the sudden menopausal symptoms, you may decide to have the ovaries removed. Rarely women suffer from migraine headaches or premenstrual symptoms so severe that they will choose to have their natural source of hormones removed. As women, we fear ovarian cancer because it is so hard to find at an early stage, and it is so deadly. Again, we should make our choices, though, based on facts. The truth only one woman out of 140 who have had a hysterectomy with the ovaries left, will go on to develop ovarian cancer sometime in the rest of her life. That is less than 1%! The downside is not only loss of our natural estrogen, but also loss of other hormones that contribute to our sense of well-being and even our sex drive. My basic philosophy is if it isn't broken don't fix it. For women of average risk, the benefits of keeping our natural hormones usually outweigh the risk of cancer.

So, how will you feel after a hysterectomy? Overwhelmingly, women who make an informed choice to have the uterus removed, women who have considered all the options I've discussed and have picked hysterectomy as their choice do extremely well. After a short period of recovery, life without bleeding and the problems related to monthly menstrual cycles can be better than ever.