

## HYSTERECTOMY

### Definition

Abdominal = the part of the body cavity below the chest, containing the organs of digestion (stomach, liver, intestines, etc.), excretion (kidneys, bladder, etc.) and, in the female, the uterus (womb) and ovaries.

Laparoscopic = examination of, or surgery on, abdominal structures by means of an illuminated (lighted) tubular instrument passed through a small incision in the wall of the abdomen; "telescopic" surgery.

Vaginal = of or pertaining to the vagina (birth canal)

Hyster = of or denoting the womb (uterus)

Ectomy = denoting surgical removal of a segment or all of a part or an organ

Hysterectomy, the surgical removal of the uterus and cervix, is the most common nonpregnancy related major surgery performed on women in the United States.

Approximately 600,000 women undergo this procedure every year; 90% of the time the procedure is elective (non-emergent).

The most common reasons for hysterectomy are:

- Fibroid tumors **-non-cancerous** tumors that can cause pelvic pain and pressure, heavy uterine bleeding, painful intercourse, abdominal distortion and other symptoms
- Endometriosis - a condition in which tissue like that normally found within the uterine lining grows in other parts of the abdomen or terinemuscle adenomyosis)where it can cause pain
- Uterine prolapse - the sinking or downward movement of the uterus from its normalposition into the vagina
- Cancer of the uterus or cervix - these conditions are usually best treated by a gynecologic oncologist specially trained to perform surgery for cancer
- Pelvic pain
- Menorrhagia - excessive menstrual bleeding that can be caused by fibroids, hormonal changes, or by disease

Hysterectomy can be subdivided into total hysterectomy, which includes removal of the uterus and cervix, or supracervical hysterectomy, removal of only the upper part of the uterus and leaving the cervix in place. Hysterectomy does not require removal of the ovaries; in fact, only around half of hysterectomies are done with removal of both ovaries.

Hysterectomy can be accomplished through three different approaches:

- Vagina1 hysterectomy: operating entirely through the vagina to remove the uterus and (usually) cervix. Removal of the tubes and ovaries can also be performed vaginally.
- Laparoscopic Hysterectomy: operating through the abdomen with telescopic vision and small instruments to release the normal attachment that may be present.

- Laparotomy: traditional "open" abdominal surgery that allows the surgeon to see and reach into the pelvis. This is often used when a larger uterus is present or other procedures are planned.

Before hysterectomy, it is important to consider alternative treatments. There are many treatments for fibroids, endometriosis or prolapse that can help give relief of your symptoms while allowing you to keep your uterus. Careful (timely) planning of cancer surgery can be made. Only when faced with a severe pelvic infection or uncontrolled uterine bleeding does hysterectomy become an emergency surgery. The approach to hysterectomy will depend on your symptoms, the size of your uterus, any previous surgeries you might have had, treatment goals and the preference of you and your doctor. The pros and cons of each will be discussed with you in your consultation.

#### Links

[www.obgyn.net](http://www.obgyn.net)

[www.healthywomen.org](http://www.healthywomen.org)