

Understanding Hysterectomy



Hysterectomy

Hysterectomy is an operation to remove the uterus, also known as the womb. Depending on the type of hysterectomy, other organs, such as the fallopian tubes and ovaries, may also be removed.

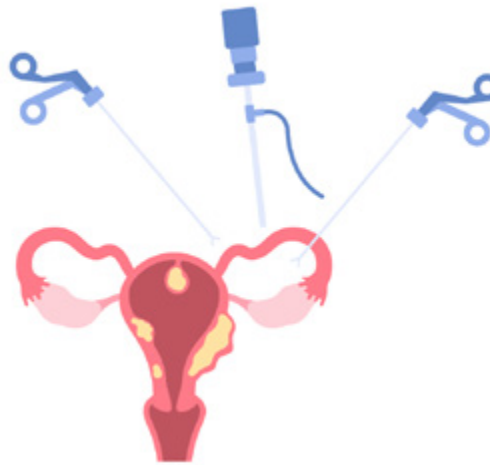
Most commonly, during a hysterectomy, both the uterus and cervix are removed. This is known as a total hysterectomy. However, there are certain situations in which only the uterus will be removed. This is known as a subtotal hysterectomy and is much less common.

Why you may need a hysterectomy

Many conditions can lead to a woman requiring a hysterectomy. Some of the most common reasons include:

- Heavy menstrual bleeding (endometriosis/adenomyosis)
- Uterine fibroids
- Uterine prolapse
- Pelvic inflammatory Disease (PID)
- Cancer (uterus/cervix/ovary/endometrium)

A hysterectomy is usually the last solution to be considered once all other treatments have been tried and failed.



Types of hysterectomy

There are four different types of hysterectomies, and each one serves its own purpose.

Sub-total or partial hysterectomy

This type of surgery is the least common in Australia, involving removing the upper two-thirds of the uterus, the fallopian tubes, and preserving the cervix.

Hysterectomy with ovarian conservation

Sometimes known as a total hysterectomy, this type of surgery involves the removal of the uterus, cervix, fallopian tubes, and the preservation of the ovaries.

Hysterectomy with oophorectomy

This involves the removal of the uterus, cervix, fallopian tubes, and one or both sets of ovaries.

Radical or Wertheim's hysterectomy

This type of surgery is used in the treatment of some gynaecological cancer cases, and involves the removal of the uterus, cervix, fallopian tubes, ovaries, nearby lymph nodes, and the upper portion of the vagina.

Before treatment essentials

IMPORTANT

- Provide your gynaecologist and anesthetist with your complete medical history before undergoing surgery.
- Tell your gynaecologist if you have had any allergies or reactions to antibiotics, anesthetics or other medication.
- Tell your gynaecologist of any prolonged bleeding or bruising after an injury.
- Tell your gynaecologist about any recent or long-term illness.
- Provide your gynaecologist with a list of all the medications you are currently taking and have recently taken (if any). This will include any
 - prescribed or over-the-counter medication,
 - vitamins and supplements,
 - blood thinners,
 - contraceptive pills
 - insulin,
 - aspirin, and
 - cough and cold syrups

How a hysterectomy is performed

A hysterectomy is usually performed under a general anesthetic. In some cases, a spinal or epidural anesthetic may be used.

There are four methods through which your doctor may perform a hysterectomy. These are:

Abdominal hysterectomy

This is where an incision is made either horizontally above the pubic hairline (bikini line) or vertically from the navel to the pubic hairline. It is most commonly carried out when the patient has cancer, an enlarged uterus, is obese, or has large fibroids, extensive adhesions, or endometriosis. An abdominal hysterectomy has a lower chance of damage to the urinary tract and blood vessels, but it is generally more painful.

Laparoscopic hysterectomy

This type of operation is performed by making small incisions in the abdomen, also known as a 'keyhole,' through which a laparoscope is inserted. With the insertion of a camera, this surgical instrument allows the doctor to view the interior of the abdominal cavity. Additional surgical instruments are then inserted through the 'keyhole' to complete the surgery with the aid of a video screen. The advantage of a laparoscopic hysterectomy is a faster recovery time, but it does increase some risks, such as damage to the urinary tract.

Next Steps

More information
Contact our advice team on
02 4225 1999

Diagnosis and treatment
Contact us to book an appointment
with Dr Kothari
02 4225 1999

Vaginal hysterectomy

This surgery involves making an incision in the upper portion of the vagina and removing the uterus through the vagina. A vaginal hysterectomy is mostly recommended for non-cancerous conditions, with the advantage of being less painful.

Robotic hysterectomy

This is a procedure Dr Khotari performs using the latest and most up-to-date technology. He will discuss your suitability for this option at your consultation.

The treatment type most suited to you will depend upon your circumstances. There are some instances in which a hysterectomy will not be performed. These include

- If you are planning to have children.
- If you have a medical or psychological condition whereby it would make it dangerous to operate.

What to expect after a hysterectomy

After your operation, you can expect to

- Spend two to five days in the hospital.
- Feel some soreness around the operation site, for which you will be given pain relief medication.
- Have some vaginal bleeding.
- Have a catheter (tube) in your bladder to drain urine until you can walk to the toilet.
- Return to normal sexual activity between six to eight weeks after surgery.

Most women recover within two to six weeks. However, your recovery will depend on several factors, such as:

- Your health before the operation.
- The reason for your hysterectomy.
- The type of hysterectomy performed.

We advise you to keep as active as possible to avoid any blood clots. However, also ensure you get plenty of rest and stay hydrated. Avoid any strenuous work and heavy lifting.

Possible risks and complications

As with any procedure, there are some risks associated with a hysterectomy. Your doctor must fully inform you about the different risks and complications that may arise during and after a hysterectomy.

Some possible complications include

- general anaesthetic complications
- bleeding
- ureter damage
- bladder or bowel damage
- infection
- blood clots
- vaginal problems
- ovary failure
- early menopause

Dr Kothari will discuss any concerns you may have before opting for this type of surgery.

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