


A GUIDE TO HYSTERECTOMY

THIS LEAFLET HAS BEEN WRITTEN FOR WOMEN WHO WANT TO FIND OUT ABOUT HYSTERECTOMY AND, IN PARTICULAR, THE USE OF LAPAROSCOPIC SURGERY IN HYSTERECTOMY.

HYSTERECTOMY IS ONE OF THE MOST COMMON OPERATIONS PERFORMED IN AUSTRALIA AND NEW ZEALAND. HOWEVER BEFORE DECIDING TO GO AHEAD WITH THE OPERATION YOU AND YOUR DOCTOR MUST CONSIDER WHETHER A HYSTERECTOMY IS APPROPRIATE, IF THERE ARE OTHER OPTIONS AVAILABLE AND THE RISKS AND CONSEQUENCES OF THE OPERATION. ONCE YOU HAVE DECIDED THAT A HYSTERECTOMY IS THE MOST SUITABLE OPTION FOR YOU, YOU AND YOUR SURGEON WILL NEED TO DECIDE HOW THE OPERATION SHOULD BE PERFORMED.



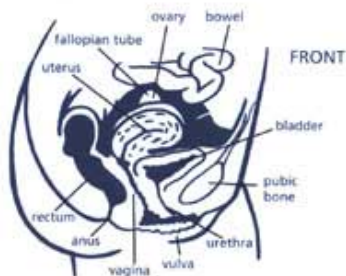
WHAT IS A HYSTERECTOMY?

A hysterectomy involves removal of the uterus which includes the cervix (neck of the uterus).

In some situations it may also involve the removal of either or both of the fallopian tubes – a salpingectomy. The ovaries may also need to be removed and this is known as a oophorectomy.

A hysterectomy is commonly recommended for women who have severe symptoms, do not wish to remain fertile, do not want to have periods and want to be assured of relief from pain, bleeding and other symptoms.

BEFORE HYSTERECTOMY



AFTER HYSTERECTOMY



WHY DO WOMEN NEED TO HAVE HYSTERECTOMIES?

THERE ARE A NUMBER OF REASONS WHY A WOMAN MIGHT NEED TO HAVE A HYSTERECTOMY. THESE INCLUDE:

Fibroids

These are non-cancerous muscle bundles which form inside the uterus. Fibroids often do not require treatment unless they are associated with unpleasant symptoms such as heavy bleeding or painful periods.

Menorrhagia

With this condition, a woman experiences heavy and prolonged bleeding. It can be irregular, often with clots of blood, and can cause anaemia and extreme tiredness. Often a hysterectomy is recommended for this condition after drug therapy or alternative treatments have failed.

Endometriosis

Endometriosis is a condition in which cells from the lining of the uterus grow in sites outside the uterus, usually around the ovaries. It often results in severe pain associated with the menstrual cycle and sexual intercourse.

This condition is often treated with drug therapy but now there are also effective laparoscopic procedures which can be used to control endometriosis and improve symptoms. These are less invasive options which may avoid the need for a hysterectomy. Talk to your doctor or surgeon about these alternative options.



Pelvic Inflammatory Disease

This is an infection of the fallopian tubes and other pelvic organs, often recurring and causing low abdominal pain.

Prolapse

This is when the supporting sling which holds the uterus and other pelvic structures in position is no longer strong enough to do this effectively. The uterus may drop down and press on other organs such as the bladder or the bowel. This condition may cause a vaginal lump, back ache, difficulty controlling the bladder, bowel dysfunction or discomfort during intercourse.

Cancer

Cancer can occur in the cervix, the lining of the uterus or in the ovaries. There may be no symptoms or it may be associated with unusual bleeding, discharge or pain.

MAKING THE DECISION TO HAVE A HYSTERECTOMY

You should discuss fully with your surgeon or GP the decision for having a hysterectomy. You should feel confident to ask questions at any stage - you may also wish to seek another opinion. It is important that you feel fully informed and understand exactly what this operation will mean for you. You will need to be quite clear about your reasons for having a hysterectomy. For example, a hysterectomy may provide relief from unpleasant symptoms such as heavy bleeding and pain and will provide an opportunity for improved health.

It may be useful to discuss with a woman's health counsellor what the hysterectomy will mean for you. Your GP should be able to recommend a counsellor closest to you.



SURGICAL PROCEDURES IN HYSTERECTOMY

It is very important that you discuss with your surgeon how the hysterectomy is to be performed. The uterus can be removed using three different procedures. The first is by traditional, or open surgery which is carried out through an incision in the abdomen, the second is when the uterus is removed through the vagina and the third is removal of the uterus laparoscopically.

Depending on a number of factors, your surgeon will make a clinical decision on whether to perform your hysterectomy abdominally, vaginally or laparoscopically.

Abdominal Hysterectomy

An abdominal hysterectomy usually involves a horizontal incision along the top of the pubic hair line or 'bikini line'. For some patients who are overweight or obese the incision may be made vertically on the lower abdomen.

A hysterectomy carried out by open surgery is a major operation involving a large abdominal incision, which gives the surgeon direct access to the abdominal cavity. With open surgery you will usually spend a week in hospital and need several weeks convalescence.

Vaginal Hysterectomy

In some instances where the uterus is small, it can be removed through the vagina. With a vaginal hysterectomy there is no visible incision and the stitches used dissolve without having to be removed. It is not suitable for some patients where for example, the uterus is enlarged with fibroids or the ovaries need to be removed.

WHAT IS LAPAROSCOPIC SURGERY?

Laparoscopic surgery involves three or four small incisions through which special surgical instruments are passed. The surgeon is able to see inside the body using an instrument called a laparoscope.

A laparoscope is a form of telescope with a powerful light source. A miniature video camera is connected to the laparoscope and this projects a clear image from inside the body onto a TV screen. Viewing the operation on the TV monitor, the surgeon is able to manipulate the laparoscope and surgical instruments from outside the patient's body to carry out the surgical operation within.

Because the image is magnified the surgeon can see areas of disease more clearly and can more easily prevent bleeding during surgery.

These days laparoscopic surgery is used to diagnose most gynaecological problems, as well as treatment for a number of conditions including infertility, the removal of ovarian cysts and emergencies such as an ectopic pregnancy.

LAPAROSCOPIC SURGERY AND HYSTERECTOMY

To create space around the organs and to allow the surgeon a clear view, carbon dioxide gas is introduced into the abdomen. Three or four small incisions are then used in a laparoscopic hysterectomy which give access to the laparoscope and other surgical instruments.

Once the uterus has been detached from the surrounding tissue and the blood vessels sealed, it is then removed through the top of the vagina which is now open.



BENEFITS OF LAPAROSCOPIC SURGERY FOR HYSTERECTOMY

IF POSSIBLE, REMOVAL OF THE UTERUS THROUGH THE VAGINA IS THE PREFERRED METHOD AS IT OFFERS MANY ADVANTAGES OVER OPEN SURGERY. BY USING LAPAROSCOPIC SURGERY MORE PATIENTS ARE ABLE TO RECEIVE THESE BENEFITS AND AVOID A LARGE INCISION.

The benefits for patients are:

- Minimal scarring
- Less pain post-operatively
- Early return to normal activity

MAIN STEPS OF A HYSTERECTOMY

Whichever type of surgery is used for a hysterectomy there are three main stages that take place:

- The blood vessels going to the uterus are secured and sealed to prevent loss of blood
- The uterus is detached from the surrounding tissue
- The uterus is removed from the pelvis



LAPAROSCOPIC HYSTERECTOMY

As with open surgery, a laparoscopic hysterectomy involves extensive internal surgery. This means that although the external scar will heal quickly - usually within a few days - the internal healing process takes much longer. The recovery time will depend on the extent of the surgery, your health prior to surgery and how careful you are during the recovery stage. You must make sure you get plenty of rest. It may be advisable to have someone at home for the first few days after your operation to care for you. It is also a good idea to drink plenty of fluids once you are able after the operation as this will help prevent bladder infection. Gentle exercise such as walking and swimming may also help the recovery process.

Occasionally, during an operation, the surgeon may discover an additional problem which complicates the procedure. In this situation, the surgeon will need to make a number of decisions, which might include converting from laparoscopic to open surgery. Ask your surgeon to explain the surgical procedure and any possible complications before your operation.



ALTERNATIVE TREATMENTS

SOME ALTERNATIVE TREATMENTS TO CONSIDER BEFORE DECIDING TO HAVE A HYSTERECTOMY ARE LISTED BELOW. PLEASE DISCUSS WITH YOUR SURGEON ALL OPTIONS FOR TREATMENT.

Drug Therapy

For a woman who wishes to remain fertile or is nearing menopause when it is expected that symptoms will cease, drug therapy may be the most appropriate short-term treatment.

Endometrial Ablation

Endometrial ablation involves the removal of the uterine lining using either electricity or a laser. This procedure can avoid the need to remove the uterus but periods, although less heavy, may continue.

Myomectomy

This procedure involves the removal of fibroids. The surgery is performed under an anaesthetic through an abdominal incision and can avoid the need to remove the uterus. This procedure can also be performed laparoscopically, however fibroids do tend to recur and therefore a hysterectomy may be recommended for you. You should discuss this with your doctor.



QUESTIONS TO ASK YOUR SURGEON

- How often do you perform this procedure?
- Is there an alternative, less invasive treatment option?
- Do you have any information of how your complication rates compare with other surgeons?
- What is the risk of suffering a complication or an infection from this procedure?
- Will this procedure relieve my symptoms?
- What impact will this procedure have on my sex life?
- Will I need to take hormone replacement therapy after the operation?

QUESTIONS TO ASK YOURSELF

- Have I investigated all the possible options for treatment?
- Do I have all the necessary information I need about the hysterectomy?
- Do I understand what the surgery is expected to achieve and how it will affect me?
- Am I confident that the procedure will relieve my symptoms?
- Do I feel confident with the surgeon?
- Did the surgeon listen to me?
- Did I understand what the surgeon told me?
- Did the surgeon answer my questions?
- Do I need to get a second opinion?

GLOSSARY OF TERMS

- **CERVIX** - narrow entrance at the neck or base of the uterus
- **ENDOMETRIUM** - lining of the uterus
- **ENDOMETRIOSIS** - condition where the lining of the uterus develops outside the uterus
- **ENDOSCOPE** - a special viewing instrument through which the surgeon can see inside the body
- **FALLOPIAN TUBES** - tubes which carry the egg from the ovaries to the uterus
- **FIBROIDS** - fibrous bundles which form inside the uterus
- **HYSTERECTOMY** - removal of the uterus
- **MENORRHAGIA** - heavy and prolonged bleeding
- **OOPHORECTOMY** - removal of ovaries
- **PORT** - name of the tube or channel through which the endoscope and surgical instruments are passed in surgery
- **OVARIES** - are situated deep in the pelvis on either side of the uterus
- **LAPAROSCOPE** - a fine tube with a powerful light source which can be used as a telescope or be attached to a highly specialised video camera
- **SALPINGECTOMY** - removal of one or both of the fallopian tubes
- **UTERUS** - lies just behind the pelvic bone and is the size and shape of a small pear



SUPPORTED BY



Australian
Gynaecological
Endoscopy
Society Ltd

SPONSORED BY

JOHNSON & JOHNSON
MEDICAL