

Hysterectomy Information Sheet

General indications for the proposed procedure/treatment:

A hysterectomy is a surgical procedure whereby the uterus (womb) is removed. Hysterectomy is the most common non-obstetrical procedure of women in the United States.

The most common reason hysterectomy is performed is for uterine fibroids. The next most common reasons are abnormal uterine bleeding, endometriosis, and uterine prolapse (including pelvic relaxation). Only 10% of hysterectomy is performed for cancer.

Uterine fibroids (also known as uterine leiomyomata) are by far the most common reason a hysterectomy is performed. Uterine fibroids are benign growths of the uterus, the cause of which is unknown. Although they are benign, meaning they do not cause or turn into cancer, uterine fibroids can cause medical problems, such as excessive bleeding, for which hysterectomy is sometimes recommended. Pelvic relaxation is another condition that can require treatment with a hysterectomy. In this condition, a woman experiences a loosening of the support muscles and tissues in the pelvic area. This loosening can lead to symptoms such as urinary incontinence (unintentional loss of urine) and impaired sexual performance. The urine loss tends to be aggravated by sneezing, coughing, or laughing. Childbearing is probably involved in increasing the risk for pelvic relaxation, though the exact reasons for this remain unclear.

A hysterectomy is also performed to treat cancer of the uterus or very severe pre-cancers (called dysplasia). A hysterectomy for uterine cancer has an obvious purpose, that of removal of the cancer from the body. This procedure is the foundation of treatment for cancer of the uterus.

Description of Procedure:

Most commonly, a hysterectomy is done by an incision (cut) through the abdomen (abdominal hysterectomy) or through the vagina (vaginal hysterectomy). The hospital stay generally tends to be longer with an abdominal hysterectomy than with a vaginal hysterectomy. The procedures seem to take comparable lengths of time (about 2 hours), unless the uterus is of a very large size, in which case a vaginal hysterectomy may take longer.

1. *Total Abdominal Hysterectomy:* This is the most common type of hysterectomy. During a total abdominal hysterectomy, the doctor removes the uterus, including the cervix. The scar may be horizontal or vertical, depending on the reason the procedure is performed, and the size of the area being treated. Cancer of the ovary and uterus, endometriosis, and large uterine fibroids are treated with total abdominal hysterectomy. Total abdominal hysterectomy may also be done in some unusual cases of very severe pelvic pain, after a very thorough evaluation to identify the cause of the pain, and only after several attempts at non-surgical treatments. Clearly a woman cannot bear children herself after this procedure, so it is not performed on women of child-bearing age unless there is a serious condition, such as cancer. Total abdominal hysterectomy allows the whole

abdomen and pelvis to be examined, which is an advantage in women with cancer or investigating growths of unclear cause.

2. *Vaginal Hysterectomy:* During this procedure, the uterus is removed through the vagina. A vaginal hysterectomy is appropriate only for conditions such as uterine prolapse, endometrial hyperplasia, or cervical dysplasia. These are conditions in which the uterus is not too large, and in which the whole abdomen does not require examination using a more extensive surgical procedure. The woman will need to have her legs raised up in a stirrup device throughout the procedure. Women who have not had children may not have a large enough vaginal canal for this type of procedure. If a woman has too large a uterus, cannot have her legs raised in the stirrup device for prolonged periods, or has other reasons why the whole upper abdomen must be further examined, the doctor will usually recommend an abdominal hysterectomy (see above). In general, a laparoscopic vaginal hysterectomy has a higher rate of complication than abdominal hysterectomy.
3. *Laparoscopy-Assisted Vaginal Hysterectomy:* This is similar to the vaginal hysterectomy procedure described above, but it adds the use of a laparoscope. A laparoscope is a very thin viewing tube with a magnifying glass-like device at the end of it. Certain women would be best served by having laparoscopy used during vaginal hysterectomy because it allows the upper abdomen to be carefully inspected during surgery. Examples of uses of the laparoscope would be for early endometrial cancer, to verify lack of spread, or if oophorectomy (removal of the ovaries) is planned. Compared to simple vaginal hysterectomy or abdominal hysterectomy, it is more prone to complications, requires longer to perform, and is associated with longer hospital stays. Just as with simple vaginal hysterectomy without a laparoscope, the uterus must not be excessively large. The physician will also review the medical situation to be sure there are no special risks prohibiting use of the procedure, such as prior surgery that could have increased the risk for abnormal scarring (adhesions). If a woman has such a history of prior surgery, or if she has a large pelvic mass, a regular abdominal hysterectomy is probably best.
4. *Supracervical Hysterectomy:* A supracervical hysterectomy is used to remove the uterus while sparing the cervix, leaving it as a "stump." The cervix is the area that forms the very bottom of the uterus, and sits at the very end (top) of the vaginal canal. The procedure probably does not totally rule out the possibility of developing endometrial cancer in this remnant "stump." Women who have had abnormal pap smears or cancer of the cervix clearly are not appropriate candidates for this procedure. Other women may be able to have the procedure if there is no reason to have the cervix removed. In some cases the cervix is actually better left in place, such as some cases of severe endometriosis. It is a simpler procedure and requires less time to perform. It may give some added support of the vagina, decreasing the risk for the development of protrusion of the vaginal contents through the vaginal opening (vaginal prolapse).

5. *Radical Hysterectomy:* This procedure involves more extensive surgery than a total abdominal hysterectomy because it also includes removing tissues surrounding the uterus and removal of the upper vagina. Radical hysterectomy is most commonly performed for early cervix cancer. There are more complications with radical hysterectomy compared to abdominal hysterectomy. These include injury to the bowels and urinary system.

Risk of the Procedure:

Possible risks of the procedure include the side effects from the anesthesia, infection, bleeding (with a possible need for transfusion), damage to nearby organs, and blood clots in the legs or lungs.

Procedure Alternatives, if any:

A hysterectomy for conditions other than cancer is generally not considered until after other tests or medications are unsuccessful. There are also newer procedures, such as uterine artery embolization or surgical removal of a portion of the uterus (myomectomy), that are being used to treat excessive uterine bleeding from fibroids.

Probable consequences of Refusing Procedure:

The consequences depend on the underlying reason for the surgery.

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.