This leaflet gives an overview for women who are considering having a hysterectomy. Your gynaecologist has offered to perform this operation and will go through all the options with you. However, it is your decision whether or not to have a hysterectomy.

What is a hysterectomy?
Abdominal hysterectomy is a common operation to remove the womb (also called the uterus). One way to understand the procedure better is to have a brief overview of women’s reproductive organs. These are made up of the uterus, vagina, fallopian tube and ovaries; below is a picture of these.

Depending on the reason for your hysterectomy, you and your doctor may also decide to remove one or both ovaries and fallopian tubes during the operation.

How is it done?
There are different ways of doing a hysterectomy – either through a cut in your abdomen (Abdominal Hysterectomy) which is what this leaflet is mainly about, through the vagina in which case there will be no scar on your abdomen (Vaginal Hysterectomy), or with keyhole surgery (Laparoscopic Hysterectomy).

Your surgeon will discuss which type of hysterectomy is best for you taking into account the reason for it.

Why do I need a hysterectomy?
Every woman’s problem is different and your specialist will have explained why this is being considered as part of your treatment. It is usually performed as a last resort after other options have failed. Remember that removing the womb will not affect symptoms that are not related to the womb.

A hysterectomy should only be considered if you are 100% sure that you have completed your family as you will not be able to have any more children after a hysterectomy.

Should I have my ovaries removed?
If you have significant endometriosis, and have completed your family, removal of both ovaries will increase the likelihood of curing your pain, will reduce the likelihood of you needing further surgery, but will cause an immediate menopause. This can be treated with HRT.

Women with healthy ovaries sometimes choose to have them removed to prevent getting ovarian cancer in the future. This is generally not recommended as the future risk of ovarian cancer is low (1%) and the ovaries are thought to have a significant hormonal role even after the menopause.

There is some evidence that the menopause occurs earlier in women who have had a hysterectomy. The symptoms of the menopause can be very troublesome for some women but can be treated with HRT. The use of HRT to treat an early menopause is thought to be safe, without the risks that occur when it is used in older women.

Should I have my cervix removed?
In the past this was recommended to prevent the future risk of cervical cancer. However, the incidence of cervical cancer has dropped greatly due to the modern cervical screening programme. The chances of a 45 year old woman developing cervical cancer in her lifetime is extremely low if she has had regular normal smears in the past.

In the past it was thought that retaining the cervix might improve sexual function. Good quality studies have now shown that this is not the case. The effect of retaining the cervix on bladder function is not clear.

It is important to remember that you will need to continue to have regular smears if you retain your cervix.

How will it affect me?
You can expect to stay in hospital for around 2 days, whilst you start to recover. Once you are ready for home, you will be given a supply of pain relief if required. It is common to feel more tired after any major operation, and it is important to keep mobile but take it easy. Avoid heavy lifting and strenuous exercise for about 6 weeks after an abdominal hysterectomy. You should check with your insurance company if you feel able and wish to drive before 4 weeks.

The time before you can return to work will depend on your job, and you can discuss this with your employer and your GP.

You should have a check-up 6-8 weeks after the operation and your surgeon will decide whether this will be at the hospital, or by your GP. You will be advised when other normal activities can be resumed, such as sport and sexual intercourse. Removing your uterus should not affect your sex drive (libido) unless your ovaries are also removed, and you can usually resume...
sexual intercourse 6-8 weeks after the operation once you feel comfortable.

**What should I do before the operation?**
You will usually come to the hospital a few weeks before the operation and have a variety of simple tests to make sure you are fit for surgery. Smoking increases the risk of complications so, if possible, please try to stop smoking a month before the operation.

You will be admitted to hospital on the day of the operation where you will be seen by the doctors, who will be able to answer any questions or worries that you might have. Also an anaesthetist will come and discuss with you the options of a general anaesthetic where you go to sleep, or regional anaesthesia (like an epidural).

**Risks of hysterectomy**
Every treatment has its benefits, but there are also possible risks that you should be aware of before you agree to having a hysterectomy. The risk of serious complications increases with age and also if you have other significant medical problems.

**Rare but potentially serious risks**
- Injury to the bladder or bowel or ureter (the tube between the kidney and bladder).
- Bleeding needing a blood transfusion.
- Going back to theatre to control bleeding or repair injury.
- Serious infection in the pelvis or in the bloodstream.
- Thrombosis – a blood clot in the leg or lung.

**More frequent but less serious risks**
- Minor infections eg of chest, bladder, wound, pelvis.
- Collection of blood (haematoma) in the pelvis. This is often associated with a delayed recovery from a hysterectomy.
- Persistent abdominal pain which can be related to scarring within the pelvis.
- Some women pass urine more frequently than before the operation.

**Additional procedures that may be necessary during your operation**
- Blood transfusion – if you suffer with heavy bleeding during or after your hysterectomy, it may be necessary to give you a blood transfusion. About 15 women out of every 1000 having this operation will need blood. If you feel strongly against this then please discuss it with your doctor beforehand.
- Repair of bowel, bladder or ureter – this will be repaired in the rare event of any injury to these organs during the operation.
- Removal of ovaries for unsuspected disease – if you give your consent for this, the surgeon would remove your ovaries if they found them to be abnormal while they were doing your hysterectomy. Sometimes the ovaries are ‘stuck’ to the womb and in this case they would have to be removed.

It is important to remember that extra procedures during the course of your hysterectomy will only be done if it is necessary to save your life or prevent serious harm to your future health.

**Further information**
Further information can be obtained from NHS Direct, telephone: 111 or go to [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk).

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