Central Manchester University Hospitals NHS
NHS Foundation Trust

Saint Mary's Hospital

Hysterectomy

Information For Patients

INVESTORS IN PEOPLE

POSITIVE ABOUT DISABLED PEOPLE

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Welcome to the Gynaecology Services at Saint Mary's Hospital

This leaflet aims to give you some general information about Hysterectomy and help to answer any questions you may have.

It is intended only as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

What is a hysterectomy?

A hysterectomy is an operation to remove your womb (uterus). After the operation you will no longer be able to have children. If you have not yet gone through the menopause, you will no longer have periods.

A hysterectomy is used to treat conditions that affect the female reproductive system, such as heavy periods (menorrhagia), chronic (long-term) pelvic pain, non-cancerous tumours (fibroids) and cancer of the ovaries, womb, cervix or fallopian tubes.

A hysterectomy is a major operation with a long recovery time. It is usually only considered after alternative, less invasive treatments have been tried.

Why is a hysterectomy necessary?

There are several circumstances when you may be recommended to have a hysterectomy. The most common reasons include:

1. Heavy periods.
2. Pelvic inflammatory disease (PID).
3. Endometriosis.
4. Prolapse of the uterus.
5. Cancer.

1. Heavy periods

Many women find they lose an excessive amount of blood during their periods. Other symptoms such as stomach cramps, menstrual pain (dysmenorrhoea) and anaemia may occur. For some, the symptoms can seriously affect their quality of life.

Sometimes heavy periods result from fibroids. But for many women, there is no obvious cause (hormone imbalances).

A hysterectomy is usually only recommended as a treatment for heavy menstrual bleeding when:

- Other treatments have not been effective,
- Bleeding has a severe impact on quality of life and it is preferable for periods to stop, and
- The woman no longer wishes to have any children.

2. Pelvic inflammatory disease

Pelvic inflammatory disease (PID) is an infection of the female reproductive system. If detected early, PID can be treated with antibiotics. However, if the infection spreads it can damage the fallopian tubes and womb and lead to chronic (long-term) episodes of pain. A hysterectomy can treat severe PID by removing the womb and fallopian tubes and taking away the source of pain.

If the pain from PID is severe and the woman no longer wants any children, a hysterectomy may be recommended.

3. Endometriosis

Endometriosis is a condition in which the cells that normally line the womb are also found in other parts of the body and reproductive system, such as the ovaries, fallopian tubes, bladder and rectum.

These cells and blood are shed during a period in the same way that the lining of the womb is shed. This can cause problems as the released blood has nowhere to go and causes inflammation and damage in the surrounding tissues, damaging them. This can cause pain, irregular and heavy periods, and infertility.

A hysterectomy may be able to remove the areas of endometrial tissue causing the pain. It is usually only considered if other, less invasive, treatments have not worked and the woman decides not to have any more children.

4. Prolapse of the uterus (womb)

A prolapse occurs when the ligaments and tissues supporting the womb become weak, causing it to drop down from its normal position. Symptoms may include back pain, dragging pain, difficulty passing urine or faeces and seeing or feeling a lump or bulge in the vagina.

A prolapse of the womb is often a result of childbirth. Other causes include stretching of tissues from heavy lifting, chronic cough, obesity and increasing age.

A hysterectomy is the most effective form of treatment for a prolapse because it removes the womb. It may be recommended if the ligaments and tissues supporting the womb have been severely weakened, and the woman in question does not wish to have any more children.

5. Cancer

A hysterectomy may be needed in cases of the following types of cancer:

- Cancer of the cervix.
- Cancer of the ovaries.
- Cancer of the endometrium (also known as cancer of the womb).
- Cancer of the fallopian tubes.

Cancer of the ovaries and the cervix are the most common. Approximately 3,000 women are diagnosed with cervical cancer every year, and 7,000 with cancer of the ovaries.

If the cancer has reached an advanced stage, a hysterectomy may be the only viable treatment option to remove the cancer.

How common is it?

Hysterectomies are common in the UK. Around 40,000 are carried out by the NHS every year. Most of these are performed on women aged between 40 and 50.

Things to consider before having a hysterectomy

In the case of cancer, a hysterectomy may be the only treatment option. But for other conditions, ask yourself the following questions before deciding to have the procedure:

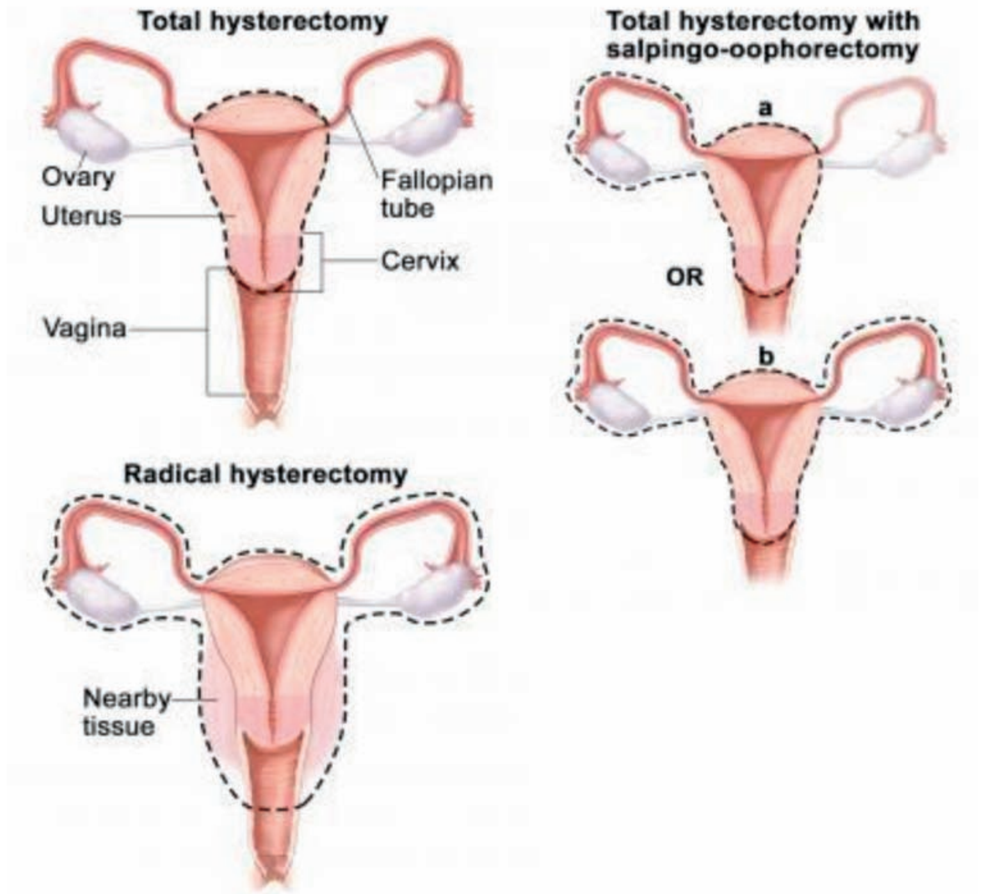
- Are my symptoms seriously affecting my quality of life?
- Have I explored all the other treatment alternatives?
- Am I prepared for the possibility of an early menopause?
- Do I want to have any children?

Do not be afraid to ask your doctor as many questions as you want.

If you choose to have a hysterectomy, you may have to decide whether you wish to have your cervix or ovaries removed. These decisions are usually made based on your medical history, your doctor's recommendations and your personal feelings. It is important that you are aware of the different types of hysterectomy and the implications these may have for you.

Types of hysterectomy

There are different types of hysterectomy. The type performed will depend on the reason for surgery and how much of the womb and surrounding reproductive system can safely be left in place. The main types of hysterectomy are listed below:



1. Total/radical hysterectomy (includes removal of the cervix)

If you have cancer of the cervix, the ovaries or the womb, you may be advised to have your cervix removed to prevent the cancer from spreading.

Even if you do not have cancer, removing the cervix means that there is no risk of developing cervical cancer in the future.

Many women are concerned that removing the cervix will lead to a loss in sexual function, but there is no evidence that this is the case. Some women are reluctant to have their cervix removed because they want to retain as much of their reproductive system as possible. If you feel this way, you should talk to your surgeon about any possible risks of keeping your cervix.

If you do not have your cervix removed, you will need regular screening for cervical cancer (cervical smears).

2. Subtotal hysterectomy

The main body of the womb is removed, leaving the cervix (neck of the womb) in place. This is not performed very often. If the cervix is left in place there is still a risk of cervical cancer and cervical smear tests are still required.

Some women are reluctant to have their cervix removed as they wish to keep as much of their reproductive system as possible. If you feel this way, you should talk to your surgeon about any possible risks if you keep your cervix.

3. Total hysterectomy with bilateral salpingo-oophorectomy (includes removal of the ovaries)

The National Institute for Health and Clinical Excellence (NICE) recommends that ovaries should only be removed when there is a significant risk of associated disease, such as ovarian cancer. Your surgeon may recommend removal of the ovaries (oophorectomy) if you have a family history of ovarian or breast cancer, to prevent cancer occurring in the future. Your surgeon will be able to discuss the benefits and disadvantages of removing your ovaries with you. If your ovaries are removed, your fallopian tubes will be removed also.

If you have already gone through, or are close to the menopause, some surgeons recommend removing the ovaries regardless of the reason for your hysterectomy. This is because it is a good way to protect against the possibility of ovarian cancer developing in the future.

Other surgeons feel it is best to leave healthy ovaries in place if the risk of ovarian cancer is small, for example if there is no family history. This is because the ovaries produce several hormones that are beneficial to women. They can help to protect against conditions such as osteoporosis and they also play a part in feelings of sexual desire and pleasure.

If you would prefer to keep your ovaries, make sure that you have discussed this with your surgeon and made it clear before your operation. You may still be asked to give consent for your ovaries to be removed if an abnormality is found during the operation. Think carefully about this and discuss any fears or concerns you have with your surgeon.

Surgical menopause

If you have a total or radical hysterectomy that removes your ovaries, you will go through the menopause immediately following your operation, regardless of your age. This is known as a surgical menopause.

If a hysterectomy leaves one or both of your ovaries intact, there is a chance you will go through the menopause within five years of your operation.

Although your hormone levels drop after the menopause, your ovaries continue to produce testosterone for up to 20 years. Testosterone is an important part of the stimulus for sexual desire and sexual pleasure.

The ovaries also continue to produce small amounts of oestrogen after the menopause. It is a lack of oestrogen that causes menopausal symptoms such as hot flushes, depression, vaginal dryness, insomnia, fatigue and night sweats. Hormone replacement therapy (HRT) is usually given to help with menopausal symptoms that occur after a hysterectomy.

Hormone replacement therapy (HRT)

If you have your ovaries removed you will usually be offered hormone replacement therapy (HRT). This is to replace some of the hormones that your ovaries used to produce and relieve any menopausal symptoms.

It is unlikely that the HRT you are offered will exactly match the hormones previously produced by your ovaries. It is not possible to tailor HRT exactly to an individual because people vary greatly in the amount of hormones they produce. The role of oestrogen and testosterone in men and women is still not fully understood. Many women try different doses and brands of HRT before they find one that feels suitable for them.

Not everyone can take HRT. It is not recommended for women who have had a hormone-dependent type of breast cancer or liver disease. Make sure your surgeon is aware of any conditions you have suffered from in the past.

If there are no reasons why you should not take HRT and both of your ovaries are removed, it is important to take HRT until the normal age of the menopause (51 years of age).

Will I still need a cervical smear?

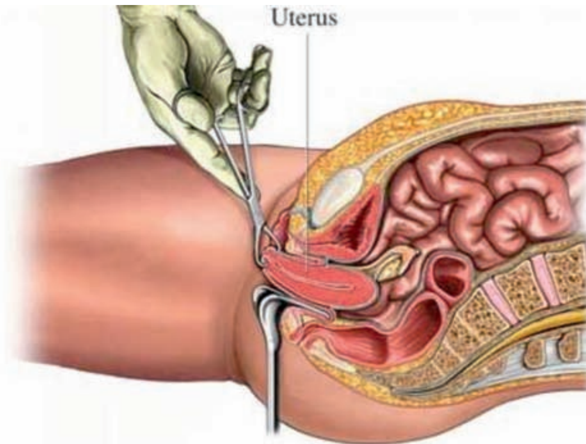
If your cervix is removed, you will no longer need cervical smears.

However, after a subtotal hysterectomy your cervix is left in place and you will still need to go for regular smear tests. Ask your gynaecologist or GP if you are not sure.

How is a hysterectomy performed?

There are three ways to perform a hysterectomy:

1. Vaginal hysterectomy



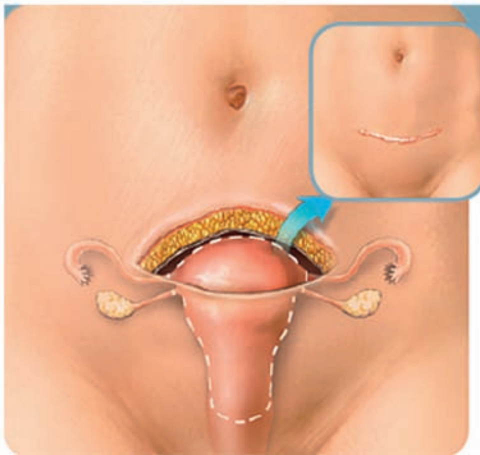
During a vaginal hysterectomy, the womb and cervix are removed through a hole that is made in the top of the vagina. Special surgical instruments are placed into the vagina to remove the womb from the ligaments that hold it in place. After the womb and cervix have been removed, the incision made at the top of the vagina is stitched up. The operation normally takes around one hour to complete.

A vaginal hysterectomy may be performed under a general anaesthetic (where you are unconscious) or a local anaesthetic (where you are numb from the waist down).

A vaginal hysterectomy is normally recommended over an abdominal hysterectomy as it is a less invasive operation, with a shorter stay in hospital. Women tend to recover faster after having a vaginal hysterectomy.

2. Abdominal hysterectomy

During an abdominal hysterectomy an incision (cut) is made in your abdomen (tummy). The incision is either made along the bikini line (horizontal) or vertically from the belly button (umbilicus) to the bikini line.



A vertical incision is usually made when there are large fibroids in the womb or for some types of cancer.

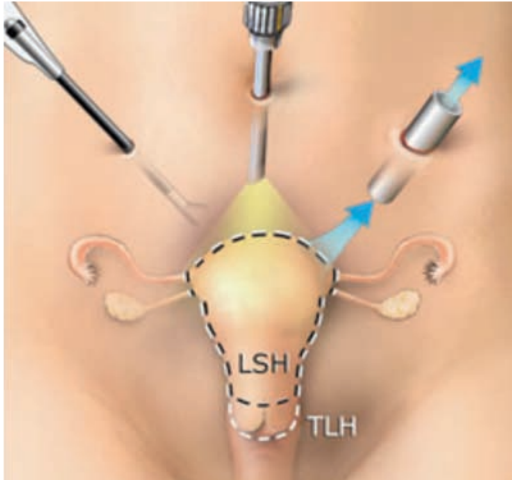
The womb is removed through the incision, and the incision stitched up. The operation takes about an hour. An abdominal hysterectomy is performed under a general anaesthetic.

You may be advised to have an abdominal hysterectomy if your womb is enlarged by fibroids or pelvic tumours, as it may not be possible to remove it through the vagina.

Ovaries are not usually removed during a vaginal hysterectomy, so if your ovaries need to be removed an abdominal hysterectomy will be recommended.

3. Laparoscopic hysterectomy

Laparoscopic surgery is also known as keyhole surgery. During a laparoscopic hysterectomy a small tube carrying a telescope (laparoscope) with a video camera is inserted through a small cut in the abdomen. This allows a surgeon to see the internal organs. Instruments are then inserted through other small cuts in the abdomen or the vagina to remove the womb, cervix and any other parts of the surrounding reproductive system.



A laparoscopic hysterectomy is usually performed under general anaesthetic.

Laparoscopic hysterectomy is less invasive than an abdominal or vaginal hysterectomy. However, because of the level of skill involved, there is a higher risk of complications during surgery. There is a greater risk of damage to the bladder or ureter (the tube leading from the bladder to the kidney), urinary tract infections (UTIs) and severe bleeding.

Because of the higher risks involved, a laparoscopic hysterectomy is usually only recommended when there are clinical reasons why the other two methods cannot be carried out.

Side effects

- **Bowel and bladder disturbances**

After your operation you may experience some changes in your bowel and bladder functions when going to the toilet. Some women get urine infections or find they get constipation, both of which can easily be treated. It is recommended that you drink one to two litres of fluid a day and increase the fruit and fibre in your diet to help with your bowel or bladder movements.

- **Vaginal discharge**

After a hysterectomy you will experience some bleeding and discharge. This is less than a period but may last up to six weeks. If bleeding is heavy, you start passing blood clots or you have an offensive discharge, you should inform your GP.

- **Menopausal symptoms**

If you have your ovaries removed, you are likely to feel severe menopausal symptoms after your operation. These include hot flushes, anxiety, confusion, weepiness and sweating. You may be given hormone replacement therapy (HRT) after the operation. This can be given in the form of an implant, injections or tablets. It usually takes around a week before this takes effect.

- **Emotional effects**

It is common to feel a sense of loss and sadness after a hysterectomy. This is especially the case among women with advanced cancer who had no other treatment option.

Some women who have not gone through the menopause may feel a loss as they can no longer have children. Others might have a sense that they are less 'womanly' than before. In some cases, having a hysterectomy can be a trigger for depression.

You may find that talking to other women who have had a hysterectomy can provide emotional support and reassurance. Your GP or the hospital staff may be able to recommend a local support group. Charities such as The Hysterectomy Association can put you in touch with other women through online forums.

If feelings of depression persist, you should see your GP, who will be able to advise you on available treatment options.

Getting back to normal

- ### Returning to work

How long it will take for you to return to work will depend on how you feel and what sort of work you do. If your job does not involve manual work or heavy lifting, it may be possible to return after four to eight weeks.

- ### Driving a car

You should not drive a car until you are comfortable wearing a seatbelt and can perform an emergency stop. This can be anything from three to eight weeks after the operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies require a certificate from a GP stating that you are fit to drive. You should check this with your car insurance company.

- ### Exercise and lifting

You should be given some information after your operation on suitable forms of exercise during your recovery period. Walking is always recommended and you can swim after your wounds have healed. You should not try to do too much as you will probably feel more tired than normal.

You should not lift any heavy objects during your recovery. If you lift light objects you should make sure that your knees are bent and your back is straight.

- **Sex**

It is generally recommended that you do not have sex until your vaginal discharge has stopped and you feel comfortable and relaxed, or after a minimum of six weeks have passed.

You may experience some vaginal dryness, especially if you have had your ovaries removed and you are not taking HRT. Many women also experience an initial loss of sexual desire (libido) after the operation, but this normally returns once they have fully recovered.

Studies show that pain during intercourse is reduced, and orgasm, strength of orgasm, libido (desire for sex) and sexual activity all improve following a hysterectomy.

- **Contraception**

Contraception to prevent pregnancy is no longer required after you have had a hysterectomy. You will still need to use condoms to protect yourself against sexually transmitted infections.

Complications of a hysterectomy

As with all types of surgery, having a hysterectomy can lead to complications.

Risks from general anaesthetic and surgery

There are several serious complications associated with having a general anaesthetic, but they are very rare. Complications include nerve damage, allergic reaction and death. Being fit and healthy before an operation reduces the risk of any complications.

- **Bleeding**

With all operations, including a hysterectomy, there is a small risk of heavy bleeding (haemorrhage). A haemorrhage may mean a blood transfusion is needed.

- **Damage to the bladder or bowel**

Very occasionally women will suffer damage to other abdominal organs, such as the bladder or bowel. This can cause problems such as infection, incontinence or a frequent need to urinate.

It may be possible to repair any damage during the operation. You may need to have a temporary catheter to drain your urine or a colostomy to collect your bowel movements.

The risk of damage to other abdominal organs is higher when you have a laparoscopic hysterectomy.

- **Infection**

There is always a risk of infection after an operation. This can be a urinary tract infection (UTI), chest infection or vaginal infection. These are not usually serious and can be treated with antibiotics.

- **Thrombosis**

A thrombosis is a blood clot that forms in a vein and interferes with the circulation of the blood and oxygen around the body. The risk of getting a blood clot increases after operations and periods of immobility.

You will be encouraged to start moving around as soon as possible after your operation. You may also be given a blood thinning drug to reduce the risk of clots forming.

- **Vaginal problems**

If you have a vaginal hysterectomy there is a risk that you will have problems at the top of the vagina where the cervix was removed. This could be slow wound healing in the short term or prolapse in later years.

- **Ovary failure**

If your ovaries are left intact there is a chance they will fail within five years of your hysterectomy. This is because your ovaries receive some of their blood supply through the uterus, which has been removed during the operation.

- **Early menopause**

If you have had your ovaries removed, it is likely that you will start experiencing menopausal symptoms (hot flushes, sweating, vaginal dryness and disturbed sleep) soon after having your operation. This is because the menopause is triggered once a woman stops producing eggs from her ovaries (ovulating).

This is an important consideration if you are under 40, as early onset of the menopause can increase the risk of developing brittle bones (osteoporosis). This is because levels of oestrogen drop during the menopause.

Depending on your age and circumstances, it may be necessary to take additional medicines to prevent osteoporosis.

Even if a hysterectomy leaves one or both of your ovaries intact, there is still a chance you will go through the menopause within five years of your operation.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Colposcopy Department
0161 276 6365
(Monday to Friday 9.00 am–5.00 pm)

Emergency Gynaecology Unit (EGU)
0161 276 6204
(Monday to Friday 8.00 am–5.00 pm)

Gynaecology Ward 62:
0161 276 6105 (24 hours a day), or
0161 701 0048
(24 hours)

Other Useful contact numbers and Website addresses:

NHS Direct 0845 4647
www.nhsdirect.nhs.uk

NHS Choices
www.nhs.uk

Cancer Help UK
www.cancerhelp.org.uk

Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

Please use this space to write down any questions or concerns you may have

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمے کی ضرورت ہے، تو برائےکرم ہمارے عملے کےکسی رُکن سےکہیں کہ وہ آپ کےلیےاس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排

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