Hysterectomy
Hysterectomy is the surgical removal of the womb (uterus), with or without the cervix. Hysterectomy is used to treat a number of conditions, including heavy or painful periods, fibroids and prolapse. The operation may be performed through the abdomen or the vagina. Apart from cancer, many gynaecological conditions can often be successfully treated using other methods, so hysterectomy is recommended if other methods fail.

The uterus is a muscular organ of the female body, shaped like an upside-down pear. The lining of the uterus (the endometrium) thickens and, after ovulation, is ready to receive a fertilised ovum (egg). If the ovum is unfertilised, the lining comes away as bleeding. This is known as menstruation (period). If the ovum is fertilised, the developing baby is nurtured inside the uterus throughout the nine months of pregnancy.

If a woman has a hysterectomy, she will no longer have menstrual periods or be able to have a child, and will not need to use contraception.

**Reasons for a hysterectomy**

Conditions that may be treated by hysterectomy include:

- **fibroids** – non-cancerous growths that form within the muscular walls of the uterus, outside the uterus or within the uterine cavity
- **heavy or irregular menstrual periods** – however, new techniques now used to treat this include endometrial ablation (which is surgical destruction of the uterus lining) or use of a levonorgestrel-releasing intrauterine device (IUD)
- **severe period pain (dysmenorrhoea)** – due to adenomyosis or severe recurrent endometriosis
- **endometriosis** – a condition in which cells similar to those in the lining of the uterus grow in other areas of the body, especially around the ovaries and peritoneum (lining inside the abdomen) in the pelvis
- **adenomyosis** – a condition where endometrial-like cells grow in the muscle of the uterus
- **prolapse** – the uterus falls into the vagina because of loose ligaments or damage to the pelvic floor muscles, usually from childbirth
- **pelvic inflammatory disease** (acute or chronic PID), caused by bacterial infection, often from sexually transmitted infections (STIs).

**Hysterectomy for women of childbearing age**

Once a woman has had a hysterectomy of any kind, she cannot become pregnant. If the ovaries of a premenopausal woman are removed, she has had a surgical menopause. This means she will have a drop in production of the sex hormones oestrogen, progesterone and testosterone. Vaginal dryness, hot flushes, sweating and other symptoms of natural menopause may occur.

Women who undergo bilateral oophorectomy (removal of both ovaries) usually take hormone replacement therapy (also called menopause hormone therapy). This is also known as oestrogen replacement therapy, as usually only oestrogens are required to maintain their hormone levels and prevent the long-term risks of premature menopause.

**Other roles of the uterus and ovaries**

The uterus has important functions other than childbearing, including:

- **sexuality** – the uterus rhythmically contracts during orgasm, contributing to sensations of pleasure
- **self-image** – the uterus is of great psychological importance to some women for many reasons, including fertility, femininity, sexuality and body image.

The ovaries play a major role in maintaining the female hormonal system. Their removal results in menopausal symptoms (within 24 hours, oestrogen levels fall by 50 per cent). Therefore, unless diseased, a woman’s ovaries are not usually removed during hysterectomy.

**Treatments other than hysterectomy**

Except if a woman has cancer, doctors recommend that hysterectomy should be a procedure of last resort, when all other treatment options have failed.

Some conditions that in the past have been treated with hysterectomy, now have alternative treatment options. These include:

- **fibroids**
- **heavy or irregular menstrual periods**
**Fibroids**

Fibroids are non-cancerous growths that form within the muscular walls of the uterus. 50 to 70 per cent of women have fibroids. However, most fibroids are small, do not cause symptoms and do not require treatment. For those that do, treatment choice depends on the size, position, and symptoms caused by the fibroids.

**Heavy menstrual bleeding**

Heavy menstrual bleeding may be due to fibroids, adenomyosis, cancers, bleeding disorders, other medical conditions and also unknown causes.

Alternative treatment to a hysterectomy for heavy bleeding may include:

- hormone therapies – such as progestins (progesterone-like medications), levonorgestrel-releasing IUDs, etonogestrel-releasing implants and Depo Provera
- combined oral contraceptive pill
- surgery – endometrial ablation.

Since the introduction of the levonorgestrel-releasing IUD and endometrial ablation to treat heavy or irregular periods, hysterectomy rates have reduced.

**Uterine prolapse**

Alternative treatment to a hysterectomy for uterine prolapse depends on the degree of prolapse, but may include:

- pelvic floor exercises
- the insertion of a pessary into the vagina to prop up the uterus
- surgical repair without hysterectomy.

**Endometriosis**

For endometriosis, alternative treatment to a hysterectomy may include hormonal therapies, surgical removal of areas of endometriosis, or a combination of both.

**Types of hysterectomy**

There are five types of hysterectomy:

- total hysterectomy – where the uterus and cervix are removed
- subtotal (partial) hysterectomy – where the uterus is removed, but the cervix is left in place. While removal of the cervix is generally advised because it is a potential cancer site, some women feel that it serves a purpose during penetrative sex. If the cervix is kept, regular cervical screening is still necessary
- hysterectomy and bilateral salpingo-oophorectomy – where the uterus, fallopian tubes and ovaries are removed. This operation is performed if the woman has cancer of the ovaries or the uterus, or for chronic pain due to recurrent pelvic infection or recurrent endometriosis
- radical hysterectomy – the most extensive version of the operation. It involves the removal of the uterus, fallopian tubes, ovaries, upper part of the vagina, and associated pelvic ligaments and lymph nodes. This is performed if the woman has cancer of the cervix, ovaries, fallopian tubes or uterus
- hysterectomy with prophylactic bilateral salpingectomy – most doctors now recommend removing the fallopian tubes at the time of hysterectomy due to research suggesting that early ‘ovarian’ cancers originate in the tubes.

**Before choosing a hysterectomy**

If, after talking about all the options with your doctor, you choose to have a hysterectomy, your doctor should discuss several things with you before the operation. These include:

- your medical history – as some pre-existing conditions may influence decisions on surgery and anaesthetics
- the pros and cons of abdominal (open or laparoscopic) surgery versus vaginal surgery
- your support options after surgery
- your feelings about the surgery.

You will have a range of tests before your hysterectomy, including a complete blood-count test to check for problems such as anaemia (deficiency in red blood cells or haemoglobin).

**Hysterectomy operation**

The operation may be performed via an incision (cut) in your lower abdomen (abdominal hysterectomy), three to four small incisions in your abdomen (laparoscopic hysterectomy), or through your vagina (vaginal hysterectomy).

**Abdominal hysterectomy**

For an abdominal hysterectomy, the surgeon usually makes a horizontal cut along your pubic hairline (your pubic hair may have been shaved around the incision). For most women, this leaves a small scar. Some women may need a vertical midline incision in the lower abdomen, especially if the hysterectomy is for a large uterine fibroid.

An abdominal hysterectomy is generally recommended when a woman has very large fibroids or cancer.

**Laparoscopic hysterectomy**

For a laparoscopic hysterectomy, the surgeon inserts a telescope (laparoscope) to see your pelvic organs through a small incision in your navel, and makes another three
or four small incisions through which other instruments are used. Carbon dioxide gas is used to distend (inflate) your abdomen, like a balloon, so all of your organs can be clearly seen.

The surgeon then removes the uterus, with or without fallopian tubes and ovaries, through the vagina. If the top of the vagina is sutured (stitched) through keyhole incisions, the operation is called a total laparoscopic hysterectomy. If the gynaecologist stitches the top of the vagina through the vagina, it is called a laparoscopically assisted vaginal hysterectomy.

This type of hysterectomy may be performed with the aid of a robot.

**Vaginal hysterectomy**

A vaginal hysterectomy is performed through an incision at the top of the vagina. It is usually performed where there is a uterine prolapse (the cervix and uterus come down into the vagina, or protrude out of the vaginal entrance).

**After a hysterectomy**

Immediately after a hysterectomy operation, you can expect to:

- wake up in the recovery room
- feel some soreness around the operation site – you will be given pain-relieving medication to enable you to maintain some mobility
- experience wind pain for a few days
- have the intravenous (IV) tube removed from your arm sometime during the first few days, depending on the procedure and your condition
- have the catheter (drainage tube) removed from your bladder within 24 hours of surgery, unless your bladder was traumatised during surgery, then it will remain in longer
- be encouraged to get out of bed and go for short walks around the hospital ward as soon as possible (for this reason, adequate pain relief is very important)
- stay in hospital for two to four days, depending on the type of surgery, sometimes longer.

With good pain relief, recovery may be similar for all forms of the hysterectomy. (Although, more care is required regarding the pelvic floor, urination and bowel function after vaginal hysterectomy.)

It is important to start pelvic floor and abdominal exercises within the first few weeks after surgery. These exercises strengthen the muscles in your pelvis, and help maintain normal bladder function and vaginal muscle tone. Your doctor or physiotherapist will let you know how soon you can start these particular exercises.

**Hysterectomy – potential complications**

The possible complications of a hysterectomy include:

- a reaction to the anaesthetic during the operation, which may be due to allergy
- nausea and vomiting – post-anaesthetic or medication induced – for the first one to three days
- infection
- internal haemorrhage (internal bleeding)
- build-up of blood beneath the stitches (haematoma) or in the abdomen
- internal scar tissue
- blood clots (for example, thrombosis, deep vein thrombosis or pulmonary embolism)
- difficulties with urination
- injury to the bowel, bladder or ureters (tubes that carry urine from the kidneys to the bladder) – rare
- fistula (abnormal hole between internal structures, such as the bowel and vagina) – rare
- vaginal vault prolapse (when the top of the vaginal wall sags or bulges down)
- decreased sexual desire (or you may have an increase in sexual desire due to the treatment of your symptoms)
- constant pelvic pain – rare, and post-operatively usually shows improvement
- feelings of grief and loss – if not counselled appropriately before the hysterectomy.

**Self-care after hysterectomy**

Be guided by your doctor, but general suggestions for the four to six-week post-operative period include:

- rest – try to rest as much as possible for at least two weeks. You should avoid driving during this time. Always rest lying down
- exercise – continue with the exercises you were shown in hospital. You should aim to go for a walk each day, unless advised otherwise by your doctor
- standing – avoid standing for more than a few minutes at a time in the early post-operative period. You can increase standing time as your recovery progresses
- lifting – avoid heavy lifting and stretching
- constipation – to avoid constipation, drink plenty of fluids and eat fresh fruits and vegetables. You may be advised to take stool softeners for the first few days
- medication – if you have been prescribed antibiotics, make sure you take the full course, even if you feel well
- sex – it is advised that you avoid vaginal sex until after the post-operative check (about four to six weeks after the operation) to make sure the vagina is fully healed. If vaginal dryness is a problem, it may be helpful to use a lubricant, or sweet almond oil or olive oil.

**Long-term outlook after hysterectomy**

After hysterectomy, you will no longer need contraception or have menstrual periods. If your ovaries were removed, you may experience menopause symptoms starting within a few days of your surgery.

If you were still having periods before your hysterectomy, your doctor should discuss oestrogen replacement therapy or other options with you. How long you might need oestrogen replacement therapy will depend on your age.

Hysterectomy can be an effective treatment for gynaecological conditions such as fibroids, endometriosis and adenomyosis, though sometimes endometriosis may recur.

If you have had a hysterectomy to treat cancer, depending on the stage of the cancer you will need to have regular check-ups to make sure you are cancer free. You
may need to have a regular vault smear test – similar to a cervical screening test but involving cells from the top of your vagina instead of the cervix.

If you have had a subtotal hysterectomy (uterus removed but cervix retained) then you will need to continue having cervical screening.

Where to get help

- Your GP
- Gynaecologist
- Local women’s health centre
- Community health centre
- Family planning clinic

References

Surgery

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Types of surgery
  - Exploratory surgery
  - Blood, tissue and organ donation
  - Plastic and cosmetic
  - Reproductive and contraception
  - A-Z of surgical procedures

Types of surgery

- Brain surgery
  - Brain surgery is performed for a number of reasons, including alterations in brain tissue, brain blood flow and cerebrospinal fluid...
- Day surgery and anaesthesia
  - Day surgery is completed in one day, usually the person does not have to stay in hospital overnight.
- General anaesthetics
  - An anaesthetic is a drug or agent that produces a complete or partial loss of feeling...
- Surgery
  - Ask your doctor or surgeon about the benefits, risks and possible side effects of surgery...

Exploratory surgery

- Arthroscopy
  - Most people can resume normal activities around three weeks after an arthroscopy...
- Biopsy
  - Before a biopsy, you need to discuss a range of issues with your doctor or surgeon...
- Colonoscopy
  - A colonoscopy can be used to look for cancer of the colon (bowel cancer) or colon polyps, which are growths on the lining of the colon...
- Endoscopy
  - An endoscope or fibrescope is a long, usually flexible tube with a lens at one end and a video camera at the other...
- Laparoscopy
  - The advantage of laparoscopy is that only a small incision is required, which is why it is also known as 'keyhole surgery'...

Blood, tissue and organ donation

- Blood donation
  - Donated blood is used to help people who are sick or injured, or for medical research...

More information
• Blood transfusion
  Donated blood is screened for blood-borne diseases such as hepatitis, syphilis and HIV.

• Corneal transplantation and donation
  Corneal transplant surgery would not be possible without generous donors and their families, who have donated corneal tissue so that others may see.

• Kidney donation
  Kidneys are often donated after death but more people are choosing to donate one of their kidneys while still alive (living kidney donation).

• Organ and tissue donation
  Discover the facts about organ and tissue donation, decide about becoming a donor and discuss your decision with the people close to you.

• Organ and tissue transplantation
  Transplantation varies depending on the transplant organ or tissue so speak with your medical team about surgical procedures, recovery and medications.

Plastic and cosmetic

• Abdominoplasty (tummy tuck)
  A 'tummy tuck', or abdominoplasty, is cosmetic surgery to remove fat and excess loose skin from the abdomen.

• Blepharoplasty (eyelid surgery)
  Eyelid surgery, or blepharoplasty, aims to improve the appearance of the upper eyelids, lower eyelids or both.

• Body contouring surgery
  Body contouring is surgery to remove sagging skin and extra fat, and improve the shape and tone of underlying tissue.

• Brachioplasty (arm lift surgery)
  An 'arm lift' is surgery to reshape or reconstruct the underside of the upper arm from the armpit to the elbow.

• Breast implants (augmentation)
  Breast implants are inserted under the skin to create larger breasts.

• Breast reduction for men
  Breast reduction for men is surgery to correct overdeveloped or enlarged breasts.

• Breast reduction for women
  Breast reduction surgery removes excess breast fat, glandular tissue and skin to achieve a breast size in proportion with your body.

• Brow lift
  A brow lift is cosmetic surgery to correct a sagging forehead and repair frown lines.

• Cosmetic genital surgery - labiaplasty and phalloplasty
  Cosmetic genital surgery involves reshaping the labia, vulva or penis to alter their size or shape.

• Cosmetic implants - buttock, fat and pectoral
  Buttock and pectoral implants involve surgery to insert shaped silicone pieces into skin cavities.

• Cosmetic surgery
  Cosmetic surgery carries risks and, in some cases, the results are not what you may anticipate.

• Cosmetic treatments - injectables
  Cosmetic injections into the skin can be used to reduce wrinkles.

• Ears - otoplasty
  Ear correction surgery, or otoplasty, is usually done to move prominent ears closer to the head or to reduce the size of large ears.

• Facelift (meloplasty)
  A facelift is a type of cosmetic surgery that removes or tightens facial skin to make a person look younger.

• Facial implants
  Facial implants are used by people who want to restore or improve the normal shape of their face.
- **Hair transplant surgery**
  Hair transplant surgery involves taking skin from parts of the scalp where hair is growing and grafting it to the thinning or bald areas, or areas of trauma.

- **Liposuction**
  Liposuction is invasive surgery and is not a substitute for weight reduction or a cure for obesity.

- **Medical tourism and insurance**
  People may choose to travel overseas to seek medical or surgical treatment that is unavailable in their home country. This is called medical tourism, and it's a booming industry worldwide. People...

- **Nose - rhinoplasty**
  Rhinoplasty may be performed for cosmetic reasons or to correct a structural problem.

### Reproductive and contraception

- **Assisted reproductive technology – IVF and ICSI**
  IVF (in-vitro-fertilization) and ICSI (intracytoplasmic sperm injection) are assisted reproductive treatment (ART) procedures in which fertilisation of an egg occurs outside the body.

- **Caesarean section**
  A caesarean section is usually performed when it is safer for the mother or the baby than a vaginal birth.

- **Contraception - tubal ligation**
  Sterilisation is a permanent method of contraception that a woman can choose if she is sure that she does not want children in the future.

- **Contraception - vasectomy**
  Having a vasectomy does not affect a man's ability to produce male sex hormones, enjoy sex or reach orgasm.

- **Dilatation and curettage (D&C)**
  A dilatation and curettage (D&C) is an operation performed on women to lightly scrape away the womb lining.

- **Hysterectomy**
  The conditions that prompt a hysterectomy can often be treated by other means, and hysterectomy should only be a last resort.

### A-Z of surgical procedures

- **Abdominoplasty (tummy tuck)**
  A 'tummy tuck', or abdominoplasty, is cosmetic surgery to remove fat and excess loose skin from the abdomen.

- **Appendectomy**
  An appendectomy is usually carried out on an emergency basis to treat appendicitis.

- **Brachioplasty (arm lift surgery)**
  An 'arm lift' is surgery to reshape or reconstruct the underside of the upper arm from the armpit to the elbow.

- **Brain surgery**
  Brain surgery is performed for a number of reasons, including alterations in brain tissue, brain blood flow and cerebrospinal fluid.

- **Breast reconstruction and mastectomy**
  Some women choose to have breast reconstruction surgery to give a similar appearance to the look of their original breast in normal clothes.

- **Cosmetic implants - buttock, fat and pectoral**
  Buttock and pectoral implants involve surgery to insert shaped silicone pieces into skin cavities.

- **Craniotomy**
  A craniotomy is an operation to open the skull (cranium) in order to access the brain for surgical repair.

- **Endoscopy**
  An endoscope or fibrescope is a long, usually flexible tube with a lens at one end and a video camera at the other.

- **Eyes - laser eye surgery**
  During laser eye surgery, a computer-controlled laser is used to remove microscopic amounts of tissue from the front surface of the eye.
Hair transplant surgery

Hair transplant surgery involves taking skin from parts of the scalp where hair is growing and grafting it to the thinning or bald areas, or areas of trauma.

Heart bypass surgery

After heart bypass surgery, eat a wide variety of fresh fruit and vegetables, wholegrain cereals and cold-water fish.

Heart disease - angioplasty and stent procedures (video)

People with coronary heart disease talk about the medical procedures that followed their heart attack and diagnosis.

 Kidneys - dialysis and transplant

People with kidney failure need dialysis or a transplant to stay alive.

Knee replacement surgery

Knee replacement surgery removes a diseased knee joint and replaces it with an artificial joint.

Laminectomy

A laminectomy is a surgical incision into the vertebra to obtain access to the spinal cord.

Myomectomy

A myomectomy is an operation performed to remove fibroids from the uterus.

Obesity surgery

Obesity surgery is not a form of cosmetic surgery, nor an alternative to good eating habits and regular exercise.

Tracheostomy

A tracheostomy is a surgical procedure that involves making a cut in the trachea (windpipe) and inserting a tube into the opening.

 Transurethral resection of the prostate (TURP) - for benign prostate disease

Surgery on the prostate gland can have many side effects, including erectile problems and urinary incontinence.

Related Information

- Dilatation and curettage (D&C)
  A dilatation and curettage (D&C) is an operation performed on women to lightly scrape away the womb lining.

- Contraception - tubal ligation
  Sterilisation is a permanent method of contraception that a woman can choose if she is sure that she does not want children in the future.

- Caesarean section
  A caesarean section is usually performed when it is safer for the mother or the baby than a vaginal birth.

- Contraception - vasectomy
  Having a vasectomy does not affect a man’s ability to produce male sex hormones, enjoy sex or reach orgasm.

- Myomectomy
  A myomectomy is an operation performed to remove fibroids from the uterus.

Home

Related information on other websites

- Jean Hailes for Women’s Health - Hysterectomy
- Women’s Health Queensland Wide Inc. – Hysterectomy fact sheet

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