



Education

Uterus Removal, Abdominal (Hysterectomy)

What is an abdominal hysterectomy?

An abdominal hysterectomy is a procedure in which the uterus is removed through a cut in the abdomen. The uterus is the muscular organ at the top of the vagina. Babies develop in the uterus, and menstrual blood comes from the uterus.

Other female organs may also be removed when the uterus is removed.

- A **radical hysterectomy** is the removal of the uterus (womb), cervix, ovaries, fallopian tubes, and pelvic lymph nodes.
- A **total hysterectomy** is the removal of the uterus and the cervix, but not the ovaries or tubes.
- A **subtotal hysterectomy** is the removal of the uterus, but the ovaries, cervix, and fallopian tubes are left in place.

When is it used?

There are many reasons why you and your health care provider may decide to take out your uterus. Some of the problems that may be treated with a hysterectomy are:

- tumors in the uterus
- constant heavy bleeding that has not been controlled by medicine or dilatation and curettage (D&C)
- endometriosis that causes pain or bleeding and does not respond to other treatments
- chronic pelvic pain
- a fallen (sagging) uterus
- precancerous or cancerous cells or tissue on the cervix or in the uterus.

Examples of possible alternatives to an abdominal hysterectomy are:

- having the uterus removed through the vagina (vaginal hysterectomy)
- taking medicines to treat some types of problems
- having a hysteroscopy or laparoscopy
- continue having D&Cs to control abnormal bleeding
- choosing not to have treatment, recognizing the risks of your condition.

You should ask your health care provider about these choices.

How do I prepare for an abdominal hysterectomy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest. Try to find other people to help you with your day-to-day duties.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal

more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Be sure to tell your health care provider what medicines you are taking, including nonprescription drugs and herbal remedies.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

Your provider may give you a laxative to take the night before the surgery or an enema the morning before the surgery.

What happens during the procedure?

You will be given a regional or general anesthetic. A regional anesthetic numbs part of your body while you remain awake. It should keep you from feeling pain during the operation. A general anesthetic relaxes your muscles and causes a deep sleep. It will prevent you from feeling pain during the procedure.

Usually a catheter (small tube) is placed into your bladder through the urethra (the tube from the bladder to the outside). The catheter drains the bladder.

You will have an IV in your arm to give you fluids and medicines.

The doctor makes a cut in the abdominal wall to expose the ligaments and blood vessels around the uterus. The doctor separates the ligaments and blood vessels from the uterus. The doctor ties off the blood vessels so they will heal and not bleed. Then, the uterus is removed by cutting it off at the top of the vagina. The top of the vagina is repaired so that a hole is not left.

What happens after the procedure?

The IV and catheter are removed 1 or 2 days after the surgery. You may stay in the hospital about 3 to 5 days.

After you go home, get plenty of rest. Do not do any heavy lifting or otherwise strain the stomach muscles for 4 to 6 weeks. Follow your health care provider's instructions for dealing with pain and preventing constipation. Ask your provider what other steps you should take and when you should come back for a checkup.

If you were having menstrual periods before the surgery, you will no longer have them after the operation. You also cannot become pregnant. If your ovaries were removed, menopause starts right away and your health care provider may prescribe hormone therapy. Be sure to discuss any concerns you have about these effects and treatments with your provider before the surgery.

What are the benefits of this procedure?

A hysterectomy takes care of problems you may have been having with your uterus. For example, it removes any tumors that may have been in your uterus and it stops menstrual periods.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- A regional anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Regional anesthesia is considered safer than general anesthesia.
- The cut in your abdomen (incision) may have to be reopened to stop any bleeding.
- Your bladder or the tubes leading to it may be injured and need surgical repair.
- A piece of blood clot may break off, enter your bloodstream, and block an artery in the lung.
- You may develop an infection or bleeding.
- The incision may open.
- You may develop a hernia in the incision.
- Your intestine (bowel) may be injured during the surgery.

Ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You become dizzy and faint.
- You have nausea and vomiting.
- You have chest pain.
- You become short of breath.
- You have heavy bleeding from the vagina.
- You have leakage from the incision or the incision opens up.
- You have pain when you urinate.
- You have swelling, redness, or pain in your leg.
- You have diarrhea that does not stop.

Call your provider during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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