



*Types of Hysterectomy for  
Non-cancerous Conditions:*

*Understanding  
Your Doctor's  
Recommendations*



## Who can benefit from this information?

The decision to have a hysterectomy is one of the many important decisions that a woman may need to make in her lifetime. Hysterectomy is one of the most common operations performed on women in the United States, numbering more than 600,000 hysterectomies per year. More than 90% of them are performed on women who do not have cancer. This discussion will focus on surgery only for non-cancerous (benign) conditions. We assume that you have already discussed other treatments such as medication and surgeries that repair rather than remove organs with your doctor. The information that follows begins at the point that you have decided to have a hysterectomy.

Your doctor will choose the type of hysterectomy that is most appropriate, based on your clinical needs. The following information is written to help you understand the factors to be considered in making that decision. Having a better understanding will make it easier for you to discuss your questions and particular preferences with your doctor.

Of course, every surgery has its risks and patients should consult their personal physicians to discuss their options.

## What having a hysterectomy means

The word “hysterectomy” means removal of the uterus. It does not mean removal of the ovaries although one or both can be removed at the same time as the uterus.

The uterus (womb), is the organ in which the baby grows when a woman is pregnant. The uterus sheds its lining each month preparing for a baby. Once the uterus is removed, you will no longer have periods and no longer be able to become pregnant.

There are several uterine conditions that could develop for which hysterectomy is recommended. We will talk more about these conditions in the section called *Location and extent of the problem(s)*.

## How much needs to be removed?

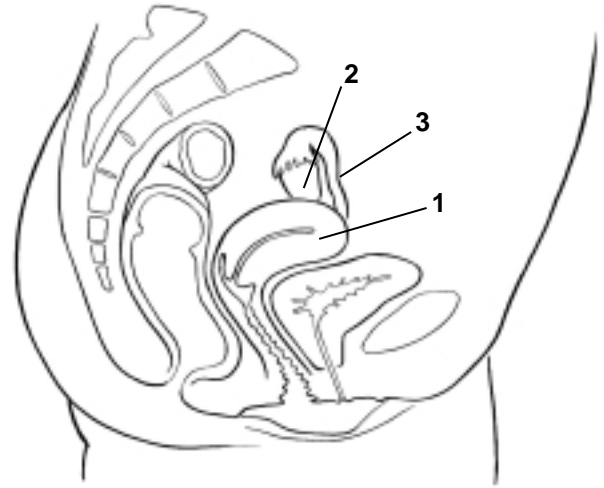
In some cases, the uterus alone needs to be removed. In other cases, a woman may benefit if all of her reproductive organs - her uterus, ovaries, and fallopian tubes - are removed. Your doctor will discuss specific recommendations for your condition with you.

## Two basic types or routes of hysterectomy

Your doctor will choose either an abdominal or vaginal hysterectomy.

- Abdominal surgery is the type of procedure where a cut or incision is made in the abdomen (belly wall) to reach the uterus. The uterus is removed through this opening.
- Vaginal surgery is a procedure where the uterus is removed through a small cut at the very top of the vagina.

Whether your surgeon will be able to offer all types of hysterectomy depends on their training and experience.



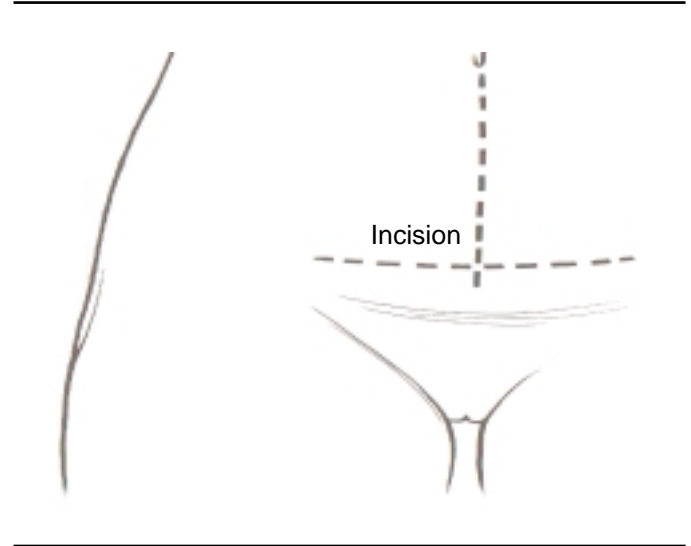
(1) uterus, (2) ovaries, (3) fallopian tubes

## Abdominal hysterectomy

Abdominal hysterectomy is currently the most common type of hysterectomy performed in the United States although its proportion has been decreasing in recent years.

Your doctor may choose a 5-8 inch “transverse” (horizontal) incision, sometimes called a “bikini” or “smile” incision, which follows the pubic hairline, or may advise a “midline” (vertical) incision which extends from the belly button downward toward the pubic bone. (See diagram). The size of your uterus, ease of access, and severity of pathology outside the uterus will determine the preferred type of hysterectomy.

In the past, doctors believed that it was best to perform an abdominal hysterectomy if the ovaries needed to be removed along with the uterus. We now know that removing them vaginally is often possible.



Abdominal hysterectomy

## Vaginal hysterectomy

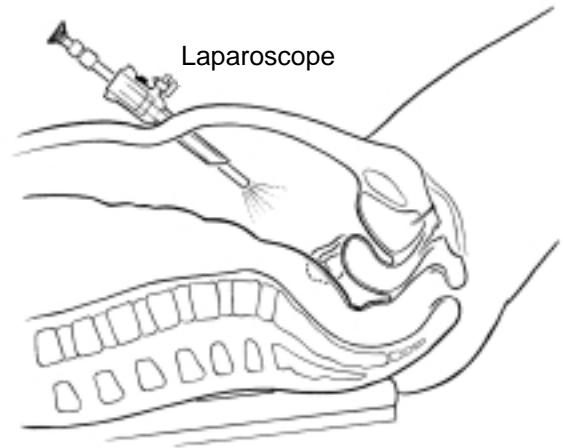
When a vaginal hysterectomy is possible, it is the preferred procedure. The proportion of vaginal hysterectomies is increasing because surgeons are finding that this approach can be used in the majority of cases. The vaginal approach usually results in many benefits compared to the abdominal procedure. Those benefits include:

- (1) Fewer complications (like infection or bleeding)
- (2) Shorter recovery time in the hospital
- (3) Quicker return to normal activity
- (4) Less discomfort
- (5) Less scarring

## The use of the laparoscope

The surgeon might use a surgical instrument called a laparoscope to view the extent of abdominal disease prior to selecting the type of hysterectomy. The laparoscope is a small surgical telescope with an attached light and a camera that allows the surgeon to see and work inside the abdomen through very small holes in the abdominal wall.

Use of a laparoscope can help the doctor decide whether a vaginal or abdominal hysterectomy will be best. Disease around the uterus can make a vaginal hysterectomy difficult. The use of a laparoscope at the



beginning of the hysterectomy may allow treatment of abdominal problems such as adhesions or endometriosis which might otherwise interfere with vaginal removal of the uterus. Compared to abdominal hysterectomy, vaginal hysterectomy with laparoscopic assistance has benefits similar to the un-assisted vaginal hysterectomy with one exception. Laparoscopic assistance usually means a longer time in the operating room and, compared to unassisted vaginal hysterectomy, has a slight increased risk of complications due to the small openings made in the abdomen for the laparoscope.



## Choosing the Right Approach

Before deciding which type of hysterectomy is best for you, your doctor will likely take several things into consideration. These include:

- The size of your uterus
- The ease of reaching and detaching your uterus
- The location and extent of the problem(s)  
We will talk about each of these in the following section.

### Size of the uterus

The size of the uterus can be extremely important when the doctor is choosing between an abdominal or vaginal hysterectomy.

An average size uterus can often be removed through the vagina. Experts claim that this type of hysterectomy is usually possible if the uterus is no bigger than a small grapefruit. This is about the size your uterus would be if you were 12 weeks pregnant

If your uterus is larger, it could be made smaller. There are two ways to do this:

1. Medication can be given before the operation that “shrinks” the uterus.
2. The doctor may be able to use a surgical method that reduces the size of the uterus during the process of removal.

Most women have a uterus of a size that can be removed through the vagina. Only 1 or 2 out of every 10 women having a hysterectomy will have a problem with uterine size. In such cases, if neither of these size reduction methods is advisable, your doctor may have to do an abdominal hysterectomy.


## Reaching and detaching the uterus

Your doctor’s ability to reach and detach your uterus vaginally is another important consideration. For a few women the vaginal canal is too narrow for the uterus to pass through. Or the uterus is too tightly attached up in the abdomen for the doctor to move it down through the vagina. In those cases, your doctor may need to choose an abdominal hysterectomy.

Giving birth tends to enlarge the vagina. But even if a woman has never given birth vaginally, she might still be able to have a vaginal hysterectomy. A doctor who is experienced in vaginal surgery often can safely perform a vaginal hysterectomy — even if a woman has never been pregnant.

### Location and extent of the problem(s)

A third decision point for your doctor involves the location and extent of the problem(s) involving your reproductive organs. The reasons for a hysterectomy generally fall into two groupings based on whether the condition is limited to the uterus or extends beyond it.



Conditions that are confined to the uterus are more likely to result in a vaginal hysterectomy. They include:

**Uterine prolapse.** Your uterus drops down into the vaginal canal due to relaxation of pelvic muscles after childbirth or with aging.

**Fibroids.** Common, non-cancerous growths (tumors) that grow on or within the uterus. Some may not even be noticed while others may cause excessive bleeding, pressure on nearby organs, or grow rapidly. Women with fibroids usually have more than one. Fibroids can make the uterus large to the point where an abdominal hysterectomy would have to be considered.

**Abnormal bleeding.** Uterine bleeding may occur without a known cause. Hysterectomy may be necessary if the bleeding cannot be controlled in other ways and it is causing anemia or severe disturbance to normal daily activity.

**Adenomyosis.** Tissue lining your uterus grows abnormally into the muscle wall of the uterus. Symptoms may vary from none to premenstrual pain with heavy and prolonged menstrual bleeding.


**Carcinoma in situ.** Carcinoma in situ of the cervix (pre-cancer of the cervix) is not a cancer but a pre-cancerous condition. It is grouped with the benign conditions that are limited to the uterus. It does not require abdominal surgery, as do some cancers of the pelvic organs.

The common conditions that extend beyond your uterus are those that may lead to the decision to use a laparoscope to allow a vaginal hysterectomy or that may result in an abdominal hysterectomy. They include:

**Endometriosis.** Tissue similar to the lining of the uterus grows in other areas of the abdomen. These islands of tissue respond to hormone changes like the uterine lining does when it sheds during a menstrual period. This may cause pain and bleeding in the abdomen. The extent of endometriosis and whether it is treatable laparoscopically determines the type of hysterectomy.

**Chronic pelvic pain.** Lower abdominal pain is due to varied causes and may be difficult to diagnose. Possible causes are endometriosis, fibroids, ovarian cysts, infection, or scar tissue. Hysterectomy may or may not stop the pain. Identifying the cause of the pain with a laparoscope allows the surgeon to select the type of hysterectomy.

**Pelvic adhesive disease.** Problems are caused by a great deal of scarring inside the abdomen. This may develop following previous abdominal surgeries or infections. The degree of scarring will determine the type of hysterectomy.



**Chronic pelvic inflammatory disease.** Infection occurring in the reproductive organs for a long time. It causes severe pain and sometimes causes bleeding.

**Benign tumors or cysts of the ovaries and tubes.** Solid or fluid-filled growths develop on the reproductive organs next to the uterus.

The laparoscope can be used to evaluate each of the conditions above to accurately confirm the presence and extent of these conditions, and in many cases can allow surgery to be performed vaginally.

### Summary

It is intended for this information to be of assistance to the woman who is at the point of having her uterus removed (hysterectomy) for a non-cancerous condition. The two basic options for this surgery are removal of the uterus by either the abdominal or the vaginal route. The abdominal surgery involves the removal of the uterus, with or without the ovaries, through an incision made in the abdomen. In the vaginal surgery procedure the uterus, with or without the ovaries, is removed through the vagina.

Vaginal hysterectomy is preferred, when appropriate, because it is associated with less pain, fewer complications, a shorter recovery time and a quicker return to normal activity.

### Questions to ask your doctor before your hysterectomy

No matter which kind of hysterectomy is right for you, you will likely want some basic information before your surgery. Here is a list of some of the questions that you may wish to ask your doctor.

1. Why do I need a hysterectomy?
2. What are the alternatives to hysterectomy for my problem?
3. What will happen to me if I decide not to have surgery?
4. What are the risks and benefits to removing my ovaries?
5. Will the operation be a vaginal or abdominal procedure?
6. Will you use a laparoscope?
7. Why do you prefer the method you have chosen for me?
8. How long will the operation take?
9. How many days will I be in the hospital?
10. How much pain should I expect from my surgery and how long will it last?
11. What kind of complications might occur?
12. What scarring should I expect?
13. How long will it take for me to get back to my usual activities at home? At work?





## Further Information

It is hoped that you found this information to be helpful. If you would like to explore this topic further, we have listed below some Internet websites where you may find additional information.

<http://www.acog.org> Click “Patient Education”, then “Search Patient Education Pamphlets”. Type in “Hysterectomy”. Leads to a number of pamphlets related to the topic, up to 5 of which can be ordered online.

<http://www.drkoop.com> Type “hysterectomy” in the “Search drkoop.com” box. Presents abstracts of topical discussions, as well as some popular media stories on hysterectomies. Abstracts can be clicked on to access the entire text.

<http://www.thehealthpages.com> Select “Women’s Health”, then “Hysterectomy and its Alternatives”.

<http://www.webmd.com> Select “Health and Wellness Center”, then, “Health and Medical Library”, then “Health Topics A-Z”, then select “H”, then “Hysterectomy”.

<http://www.health.state.ny.us> Click on “Info for Consumers”, then “Women’s Health Issues”, then select “Hysterectomy”.

<http://www.ahcpr.gov> Click on “Consumer Health”, then “Common Uterine Conditions: Options for Treatment”. Also under “Consumer Health” click on “Be Informed: Questions to Ask your Doctor Before You Have Surgery”.

[www.ivillage.com](http://www.ivillage.com) Click on “All Health”, then “Find It”. Type in “hysterectomy”. There are several hundred reports related to the topic, some quite technical and detailed. Some of the articles include “Standard Questions” to ask your doctor.