Hysterectomy for heavy periods

Information for patients and carers

This information gives general advice about hysterectomy procedures for heavy periods; your doctor will discuss the specific options that are appropriate for you. Alternatives to hysterectomy may include medical treatments, endometrial ablation, myomectomy, fibroid embolisation or no treatment.

A hysterectomy procedure is guaranteed to stop or significantly reduce menstrual bleeding. **However, it may or may not improve pain**, even if you currently experience this during menstruation.

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb) and therefore removes fertility. It can be done in different ways, including:

1. Abdominal hysterectomy: Where a cut is made on the abdomen to remove the uterus. This cut may be across the abdomen (transverse) or a vertical cut (midline)
2. Laparoscopic hysterectomy: A keyhole procedure
3. Vaginal hysterectomy: Where the uterus is removed via a cut in the vagina.

A hysterectomy may be a:

- Total hysterectomy: Where both the uterus and cervix (neck of the womb) are removed
- Subtotal hysterectomy: Where just the uterus is removed and the cervix is not
- Hysterectomy with salpingo-oophorectomy: Removal of one or both of your ovaries and/or your Fallopian tubes at the same time.

The type of hysterectomy will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation. You will need an anaesthetic for a hysterectomy. This is usually a general anaesthetic but may be regional (spinal or epidural).

Risks of a hysterectomy

The serious and frequently occurring risks of a hysterectomy are detailed below. Women who are obese, have large fibroids or endometriosis, have had previous surgery, or who have pre-existing medical conditions will have an increased risk of serious or frequent complications.

At the time of the operation

Some bleeding is expected during a hysterectomy. If it is heavier than expected a blood transfusion may be required (approximately 23 in 1000).

The uterus is surrounded by other organs that may be damaged during a hysterectomy. This includes the bladder, the bowel and the ureters (the tubes that connect the kidneys to the bladder). The risk of this happening is approximately 8 in 1000. If detected during the operation it will be repaired but will result in a longer recovery period.

Occasionally at the time of total hysterectomy, it is technically difficult to remove the cervix and it is necessary to convert the operation to a subtotal hysterectomy. If this happens, cervical smear tests will continue to be needed after your operation.

In the first week

- Bleeding is possible after a hysterectomy and some women have to return to theatre for a second operation (7 in 1000).
- Infection of the bladder, wound or chest can occur after a hysterectomy and women may need antibiotic treatment for this.
- Blood clots in the legs or lungs may occur after a surgical procedure. Calf compression stockings and blood thinning medication are recommended in most women to minimise the risk of these clots occurring.
- A catheter is required during a hysterectomy. When this is removed after the operation, your bladder may not function normally immediately. If this occurs, reinsertion of the catheter may be necessary. Long-term bladder dysfunction is uncommon.

More long term

- Numbness and tingling can occur around your scar(s). This usually resolves within a few weeks but can take months to improve.
- Prolapse of the vagina can occur in the future. To minimise this risk it is recommended that women do not do any heavy lifting for 6 weeks after a hysterectomy. Stopping smoking will also reduce this risk.
- There is no evidence that removing or leaving the cervix impacts on sexual function. Having a hysterectomy can have psychological consequences for women and this may impact sexual function.
- If the ovaries are removed during a hysterectomy, women will experience a surgical menopause (symptoms may include hot flushes/sweats/vaginal dryness). Hormone replacement therapy (HRT) is usually recommended if you are less than 45 at the time of your operation. If you are over 45, post-hysterectomy HRT is optional. Your gynaecologist will discuss this with you.

Recovery after hysterectomy

Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- How fit and well you are before your operation
- The reason you are having a hysterectomy
- The exact type of hysterectomy that you have
- How smoothly the operation goes and whether there are any complications.

After your operation you will have a catheter in your bladder, this will be removed when you are mobile. Some women may also have a drain in their abdomen. This small tube is usually removed by 24 hours after your operation. Some women will also have fluids into a small drip in their hand or arm. This will be stopped when you are able to drink. All women will be prescribed painkillers, these may be administered into a drip or be taken as tablets.

In general, women having an abdominal hysterectomy can expect to be in hospital for 2-3 nights and those having a laparoscopic or vaginal hysterectomy for 1 night. For all types of hysterectomy, heavy lifting is not recommended for 6 weeks and you should avoid intercourse for 8 weeks.

Contact telephone numbers

RIE Gynaecology Triage	**0131 242 2551**	St John's Hospital	**01506 524 112**
Chalmer's Centre	**0131 536 1070**	NHS 24 (for urgent advice when your GP is closed)	**111**