

# Hysterectomy

## The Basics



## **INTRODUCTION**

This booklet is not designed to give you all you could possibly know about hysterectomy, rather it is an introduction that will help you to decide what detailed information you might need. It contains links to other parts of the website that will give you even more about each subject area. It also introduces you to information about the menopause and hormone replacement therapy, even if you don't need to know about these things immediately it is worth having the information to hand, just in case.

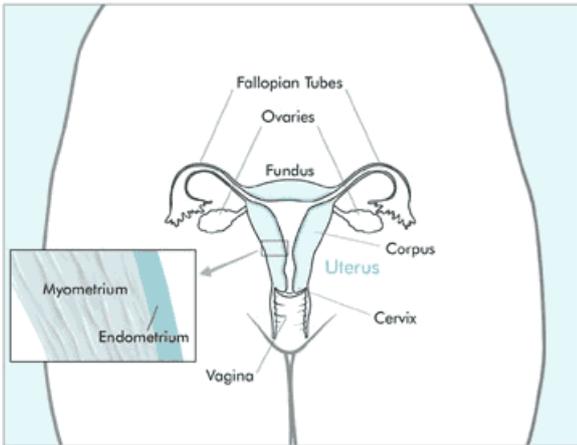
Up to 55,000 hysterectomy operations are carried out on women in the UK every year; around 400,000 are carried out in the United States. It can and does help to ease many gynaecological complaints, including fibroids, heavy and/or painful periods and endometriosis. It is rarely performed for reasons of saving life except in the case of bleeding after giving birth, but it can be a permanent cure for some gynaecological cancers.

The majority of hysterectomies are performed when a woman is aged 35 - 55 but many do occur before and after this age group. Women, who have a hysterectomy that removes their ovaries, as well as other organs, will go through the menopause immediately after the operation regardless of their age (if they haven't already). Women who have a hysterectomy that leaves one or both of their ovaries intact have a 50% chance of going through the menopause within two to five years of their operation, again regardless of their age.

## **WHAT IS A HYSTERECTOMY?**

Hysterectomy is the surgical removal of the womb (uterus). It is one of the most common of all surgical procedures for women and can also involve the removal of the fallopian tubes, ovaries and cervix to cure or help a number of gynaecological complaints. Following this operation you will no longer have periods, you will not be fertile and you will not be able to have any more children.

## Hysterectomy: For Women Only - The Hysterectomy Association



There are two main ways to perform a hysterectomy. The most common way is to remove the womb through a cut in the lower abdomen, the second, less common, way is to remove only the womb through a cut in the top of the vagina, the top of vagina is then stitched. There are variations on both of these methods, including laparoscopic hysterectomy. Each operation lasts between one to two hours and is performed, in hospital, usually under a general anaesthetic.

The type of hysterectomy that you have will depend upon the condition it is being used to treat and the gynaecologist you are seeing.

- Ⓢ A "subtotal hysterectomy" removes the womb but leaves the cervix in place. If you have this operation you will need to continue to have smear tests.
- Ⓢ A "total hysterectomy" removes the womb and cervix.
- Ⓢ A "total hysterectomy with bilateral (both) or unilateral (one) salpingo-oophorectomy" removes the womb, cervix, fallopian tubes and both or one of the ovaries.
- Ⓢ A "Wertheim's hysterectomy" removes the womb, cervix, part of the vagina, fallopian tubes, peritoneum (this is the broad band of ligament below the womb), the lymph glands and fatty tissue of the pelvis and possibly one or both ovaries.

**TIP: You can find out more about the types of hysterectomy in the Information section of the website here:** <http://www.hysterectomy-association.org.uk/index.php/information/what-is-a-hysterectomy/how-is-a-hysterectomy-performed/>

### WHY DO YOU NEED THIS OPERATION?

Hysterectomy may sometimes become necessary for the following medical reasons:

- Ⓢ Heavy vaginal bleeding or bleeding that is irregular or very painful
- Ⓢ Fibroids which cause pain, bleeding or are very large. A fibroid is a non-cancerous growth of muscle and fibrous tissue.
- Ⓢ Cancer of the womb, ovaries, fallopian tube/s or cervix
- Ⓢ Endometriosis caused by tissues that normally form inside the womb forming outside the womb in the abdominal cavity.
- Ⓢ Prolapse of the womb, where the womb falls into the vagina.

- Ⓜ Pelvic inflammatory disease or adhesions, including pelvic pain that is not controlled by other means.
- Ⓜ Uncontrollable bleeding after giving birth, often called post-partum haemorrhage.

A hysterectomy may be recommended if none of the other treatments for these conditions has been successful. When you actually have the hysterectomy will depend on why you need it. Some of the conditions may clear up on their own following menopause or after you have had a D&C operation (Dilation and Curettage where the lining of the womb is scraped away and if necessary examined).

You do need to be absolutely sure that you know what the operation will mean for your long term future, this may result in preferring to live with your condition if, for instance, you would like to have children at a later stage.

**TIP: You can find more information about all the conditions that might lead to a hysterectomy, together with information about alternative treatments in the Information Section of the website here: <http://www.hysterectomy-association.org.uk/index.php/information/why-do-i-need-a-hysterectomy/>**

### **How Can A Hysterectomy Affect You?**

How you feel after having had a hysterectomy will depend a great deal on your personal circumstances and why the operation became necessary in the first place.

**Physically**, there are a number of issues that are common to all women having a hysterectomy. You will not have any more periods and you will not be able to have any more children. If you have had your ovaries removed you will go through the menopause, regardless of your age. The menopause is not related to age, it is related to the production of the female sex hormone, oestrogen. Your GP and/or surgeon will discuss Hormone Replacement Therapy with you to help you deal with the effects of the menopause. If you have not had your ovaries removed and you have not gone through the menopause before your operation, there is up to a 50% chance that you will also go through the menopause within two to five years of having the operation.

Immediately following the operation you will spend some time in hospital recovering: the length of time will depend on the type of operation you have had. You will be encouraged to get out of bed as soon as possible; this helps your recovery and will improve your circulation to avoid the danger of blood clots forming. You may also experience painful wind that will gradually fade over a few days.

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Once at home you will be advised not to be too active for at least six weeks, this is to give time for the muscles and tissues in the abdomen to heal. There may be gentle exercises that your GP or surgeon may suggest and you will probably be encouraged to walk (slowly) a little every day, try to increase the length of time that you go out for on a daily basis, without pushing yourself too hard. You should be aware that it can take a long time to recover from this type of surgery, even up to twelve months. Generally however, after six - eight weeks you should be able to return to work part-time and take on some lighter household tasks.

**Sexually**, you may resume intercourse after about six weeks; however you may find that it is different in some ways. This will depend again on why you had your hysterectomy and the type of operation you have had.

Although most women report that their sex life improves following a hysterectomy, as they are not experiencing pain any longer, others report that they have different types or intensities of orgasm. This may be due to the removal of the contractual muscles (the womb and cervix as it is not just the clitoris that is involved in creating an orgasm. Therefore, orgasm may be less intense when they have been removed.

It is also possible that a deficiency of the hormone, oestrogen, also affects a woman's sexuality. It is well documented that one of the symptoms of the menopause is dryness of the vagina. We are now aware, as well, that the hormone, testosterone, also plays a part in sexuality. The removal of both of these hormones could contribute to a lack of sexual interest, frequency and orgasm. These are symptoms that may be alleviated by the use of Hormone Replacement Therapy or complimentary therapies.

**Emotionally**, being free of painful symptoms can mean that life becomes a pleasure again and it can be wonderfully invigorating not to be tied to tampons and pads any longer. However, although the majority of women will say that their hysterectomy was a positive experience, there will be some for whom this is not the case. Everyone is different and each woman will react to the operation differently, whatever feelings you experience they are unique to you and are your own way of dealing with a hysterectomy.

There may be a degree of depression following your operation. This may be due to having gone through major surgery which is traumatic in itself. However, you may also be dealing with the shock of finding that you had a serious illness as well, and some women occasionally report a feeling of loss as they are aware that they can no longer have children or that they feel they are no longer "womanly".

It has possible that some of these feelings may be due to the onset of the menopause, as well as the lack of testosterone that occurs when the ovaries are removed or fail. If you have had your ovaries removed or are suffering from some other menopausal symptoms you may benefit from talking to your GP about Hormone Replacement Therapy or a complimentary practitioner about herbal and other remedies.

It often helps to talk about your experiences with other people in the same position as yourself. There may be a menopause clinic or well woman clinic at your hospital, surgery or nearest large town or you could try contacting one of the many support organisations that are available for information and support.

**TIP: If you would like to find out more about other women have experienced their hysterectomy then why not read their stories, and perhaps share your own, on the website here:**

<http://www.hysterectomy-association.org.uk/index.php/category/your-stories/>

## **RECOVERING FROM A HYSTERECTOMY**

Many women are surprised by how long it takes to recover from a hysterectomy. The average length of time that it takes to return to work is between 9 and 13 weeks, but this depends on why you have had the hysterectomy and the type of work you do. Below is a guide to the types of the things you might be able to do during the first six weeks of recovery. However, do bear in mind that everyone is different and you may feel that these are too fast or too slow, depending on your own circumstances. This list is taken from the resources pack that comes with our book 101 Handy Hints for a Happy Hysterectomy.

### *Week 1*

No household tasks at all

Lie on (or in) the bed as much as necessary

Sleep when you need to

Do as many of the light exercises as possible

Shower daily

Walk around the house 2-3 times daily – on one floor if possible

Lie down, rather than sit

Sit, rather than stand

### *Week 2*

Lie on (or in) the bed as much as necessary

Rest for at least two hours per day

Avoid long periods of sitting or standing

Help with washing up/drying dishes – sitting down if possible

Sit down to prepare vegetables

Daily walk outside – 10 minutes per day

Walking around the house – 2-3 times daily, including stairs once

Boil just enough water for a mug in a kettle

*Week 3*

Increase your walking by a 2 minutes daily

Try using the stairs at home 2-3 times a day

Light shopping in immediate vicinity – ie magazine or newspaper

Boil enough water for 2 mugs in the kettle

If you have any pain – stop immediately

*Week 4*

Start walking further outdoors – up to 20 minutes twice a day

You can probably go out in the car by now

Should be able to make tea and coffee for three people

Help with dusting

*Week 5*

Can probably start some light routine housework

May be able to drive a car

Can possibly use an upright vacuum cleaner

Try gentle pelvic floor exercises – stop if you feel pain

Try vacuuming with a cylinder cleaner (week 6-7)

Try bed making (but not changing duvets with either, stop if you have pain).

**TIP: There is even more information about managing your recovery on the website in our Frequently Asked Questions section. If you would like to find out more about helping yourself then visit: <http://www.hysterectomy-association.org.uk/index.php/category/faq/>**

We also send out two weeks worth of recovery hints and tips by email and you can request these by leaving your name and address on our free booklet page.

## **THE MENOPAUSE**

If you have your ovaries removed at the time of your hysterectomy then you will have an immediate menopause, regardless of your age. If you have a hysterectomy and your ovaries are left intact then you have up to a 50% chance of your ovaries failing within two to five years of your hysterectomy, this may be because the blood supply to the womb has been cut off. Radiation treatment following hysterectomy for cancer may also cause the ovaries to fail early.

Even after a natural menopause the ovaries continue to play a part in a woman's health as they continue to produce a small amount of oestrogen and a more significant amount of testosterone for up to 12 years. Therefore there are indications that women having a hysterectomy should be offered testosterone therapy as well as oestrogen.

## **Menopausal Symptoms**

Strictly speaking, the symptoms of the menopause are those that identify the time leading up to the final bleed this is usually called the peri-menopause. Symptoms can be physical and

emotional in nature. Some of the symptoms are described as "acute" which are those that will occur immediately there is a reduction in the production of oestrogen. These include hot flushes, night sweats, dry vagina, dry hair and skin, insomnia, bladder problems and moodiness. The remainder are described as "chronic" and take place over a longer period of time, these include breast changes and other emotional symptoms. All women that have a hysterectomy that removes their ovaries will begin to experience acute symptoms, even as early as 24 hours following surgery. If you have had surgery that leaves your ovaries intact and you begin to experience some of the symptoms described below you should make an appointment to see your GP to have a simple blood test to measure the level of oestrogen in your blood.

### **Physical symptoms may include**

- Ⓜ Hot and cold flushes, sweating during the day and at night and palpitations are all known as vasomotor symptoms. Exact causes of the vasomotor symptoms are unknown but it is thought probable that the hypothalamus, which regulates body temperature, is affected by the decrease in oestrogen production and this in turn dilates the blood vessels when it affects the sympathetic nervous system. It is thought that up to 80% of women will experience some of these symptoms.
- Ⓜ Insomnia and headaches are secondary vasomotor symptoms and can occur as a result of night sweats which result in loss of sleep.
- Ⓜ Changes in the vagina include a shortening and weakening of the skin, diminishing blood supply, changes in the acidity levels and dryness due to the reduction in secretions from the mucous glands. All of these can lead to pain with sex and increase the risk of bleeding and infection.
- Ⓜ The bladder and urethra are also affected as the linings become thin and weak and stress incontinence can occur as they atrophy. This increases the risk of infection and bleeding.
- Ⓜ Breast changes are as a direct result of the reduction in production of oestrogen. The breasts may become smaller and less elastic and the skin will become thinner and dryer.
- Ⓜ The skin and hair become dryer and the elasticity of the skin reduces which increases the appearance of wrinkles. The changes in the skin are due to damaging effects on the connective tissue, collagen, when oestrogen production reduces.

There are more than 30 known symptoms of the menopause, so it is entirely possible that anything you experience after your hysterectomy may be due to the onset of menopause.

Emotional symptoms are similar to those experienced with pre-menstrual Syndrome and may include: Mood swings, irritability, anxiety, poor concentration, poor memory, loss of energy and depression. It cannot be confirmed at present whether these symptoms are caused by oestrogen deprivation or whether they are as a result of other physical symptoms, such as lack of sleep.

However, some sleep disorders are helped by hormone replacement therapy, so there appears to be a link with oestrogen deficiency and some of the psychological symptoms.

**TIP: There is much more information about the Menopause and how it affects women who have had a hysterectomy on the website here:**

<http://www.hysterectomy-association.org.uk/index.php/information/the-menopause/>

## **HORMONE REPLACEMENT THERAPY**

HRT/ERT is the substitution of naturally occurring hormones in the human body with those that are manufactured. In the case of women that have had a hysterectomy we are talking about oestrogen and possibly testosterone replacement therapies. When a woman has had a hysterectomy that removes her ovaries she will no longer produce oestrogen from her ovaries although she will continue to produce small amounts of oestrogen from the adrenal glands and fatty tissues. However, this will not be enough to counteract the possible effects of oestrogen deficiency that we see begin with menopausal symptoms.

There are many things that women need to consider when they are faced with a surgical menopause and one of the major issues is whether or not to take HRT. It can be beneficial in alleviating the symptoms of the menopause. Women should also consider the fact that they will be longer without the female sex hormones than their age related peers and that some of the natural protections that are offered by the sex hormones are lost. These include possible protection against Heart Disease and Osteoporosis.

There seems to be some agreement that women who have an early menopause through surgery should take HRT at least until the age that they would naturally have gone through the menopause. This is so that they reduce the risk of suffering from age related conditions like osteoporosis and heart disease earlier than they would have done. Women naturally produce oestrogen up to the age of the menopause and it would appear to be sensible to replace what would be produced naturally.

What a woman decides to do after the age of 50ish will be determined by looking at the same factors that affect all women, whether or not they have had a hysterectomy, and will again be a matter of choice. At the very least women who still have ovaries after surgery should be having regular blood tests to check the amount of oestrogen they are producing so that they can make an informed choice.

There seems to be little argument that HRT taken for up to five years *after a **natural** menopause* does not adversely affect the body and there seems to be some evidence that women who do develop breast cancer have a better prognosis if they have taken HRT than if they had not, although this may of course be related to the type of cancer that they have. However, women should take into account a number of factors when considering whether to take HRT or not.

In favour of using HRT are:

- Ⓢ family history of osteoporosis
- Ⓢ high risk category related to osteoporosis
- Ⓢ family history of heart disease
- Ⓢ high risk category related to heart disease
- Ⓢ fear of Alzheimer's disease
- Ⓢ Severe menopause symptoms

You may decide not to take HRT for the following reasons:

- Ⓢ history of breast cancer
- Ⓢ family history of breast cancer
- Ⓢ high risk category related to breast cancer
- Ⓢ history of thrombosis
- Ⓢ family history of thrombosis
- Ⓢ high risk category of thrombosis

Prior to a undergoing a hysterectomy it may be beneficial to undergo a blood oestrogen test so that there is some indication of a woman's normal oestrogen levels. These can then be used as comparisons later on.

### **Side Effects of HRT**

The following have been listed as side effects of HRT, you may or may not experience any or all of them with different brands:

- Ⓢ Thromboembolism
- Ⓢ Breast cancer
- Ⓢ Gastro-Intestinal upsets
- Ⓢ Nausea and vomiting
- Ⓢ Weight gain
- Ⓢ Breast tenderness and enlargement
- Ⓢ Headaches and Migraine
- Ⓢ Dizziness

- Ⓢ Impaired liver function
- Ⓢ Exacerbation of varicose veins
- Ⓢ Increased blood pressure

**TIP: You can find out more information about hormone replacement therapy and it's role in protecting your heart and bones here:**

<http://www.hysterectomy-association.org.uk/index.php/information/hormone-replacement-therapy-hrt-ert/>

If you are taking HRT and experience any of these symptoms you should see your doctor to have appropriate tests and if necessary a change or reduction in the HRT prescribed.

## **ALTERNATIVES TO HORMONE REPLACEMENT THERAPY**

Unfortunately some women will not be able to take Hormone replacement therapy if their ovaries are removed, this is because they may be having the operation due to endometriosis and it is advised not to use HRT for up to 12 months post hysterectomy in this case; they may also have had cancer or be at risk of cancer. If this is the case for you, then considering the alternatives might be advisable.

### **Natural Plant Oestrogen's**

There are over 300 plants that have oestrogens in them and if they are consumed regularly enough they can have a mild effect on women. The most potent of the plant oestrogens is Coumestrol even though it is about 200 times weaker than human oestrogen. Because the plant oestrogen's have such a mild effect the side effects found with conventional HRT should be avoided. Coumestrol can be found in alfalfa and red clover and can be taken either as tea or sprouted. The seeds must be obtained from a reputable herbalist or health food shop.

Other good sources of natural oestrogens are soya beans, soya bean sprouts and crushed linseeds. To vary the diet try to include good helpings of apples, beets, cabbage, carrots, chick peas, cucumbers, green beans, oats, olives, parsley, potatoes, rhubarb, rice, sesame seeds and sunflower seeds. There are many others but those on this list should be readily available from high street shops.

### **Other Dietary Supplements**

Supplements are useful for women going through the menopause and can help protect against some of the dangers of oestrogen deficiency. They may also help to relieve some of the more

unpleasant symptoms. They include nutritional therapies, vitamins, essential fatty acids, minerals and amino acids. To protect against osteoporosis have a look for the special formulations for bones that contain calcium and vitamin D together with other minerals. A good multivitamin supplement can also help to maintain healthy levels of all body nutrients to ensure that everything works as it should. Vitamin B6 has been recommended for women that had premenstrual syndrome and is also useful for women going through the menopause, remember that the two conditions are caused by the same hormone, oestrogen. Essential fatty acids can be obtained from starflower and evening primrose oil supplements.

Here's Health magazine suggested four steps to a natural menopause, it includes:

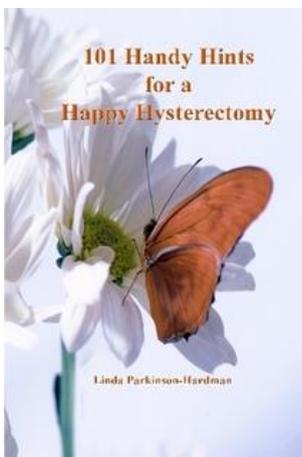
- ④ reducing stress as this affects the endocrine system that controls hormone balance, blood sugar levels, energy levels and calcium balance;
- ④ using essential fatty acids so that the body can produce prostaglandin's to help maintain a healthy hormone balance;
- ④ vitamin and mineral supplementation particularly of vitamin C, B3, B6, zinc and magnesium, again this combination will help to maintain healthy hormone balances;
- ④ general healthy lifestyle with eating well and exercising

Other, additional supplements include Black Cohosh (although this should be avoided by women who have had endometriosis), Wild Yam Extract and Vitex Agnus Castus. As in the case of HRT, it may take some time before an appropriate combination of complimentary supplements and therapies is found that is helpful. It would also be recommended to talk to the health food store about any products that you are considering purchasing to find out about any health risks that may be associated with them. This is because of the oestrogenic effects of some choices, which may have a similar impact to HRT if too much is taken.

**TIP:** A hysterectomy can feel a bit isolating, if you don't know anyone else that has had one and it can feel as if you are the only person in the world to have these problems. Why not use the forums at [hysterectomy-association.org.uk/forums](http://hysterectomy-association.org.uk/forums) this is the place where you can 'talk' to other women, just like you who understand exactly what you mean and what you are going through – you may even decide to join in by creating a username and password to offer your support along the way!

## Need something more?

1. First of all it is important to visit the website, this will give you loads of information about all sorts of topics.
2. Don't forget to let us have your email address so we can send you our regular email hints, tips, stories and updates.
3. Our Facebook page is a must for anyone who want to chat with other women and you can find it here: [facebook.com/HysterectomyUK](https://facebook.com/HysterectomyUK)
4. Our online shop has a wide variety of books including the Amazon best seller, 101 Handy Hints for a Happy Hysterectomy. Losing the Woman Within and The Pocket Guide to Hysterectomy
5. You might like to get some support panties or abdominal support band to help your back and stomach after your op. You can find them in the shop at [shop.hysterectomy-association.org.uk](https://shop.hysterectomy-association.org.uk)



**TIP: 101 Handy Hints for a Happy Hysterectomy is our No.1, best-selling book on Amazon for Hysterectomy.**

We have other fabulous books as well, including Losing the Woman Within (a guide to emotional impact of a hysterectomy) and The Pocket Guide to Hysterectomy – full of all the information you might need.

### **We Would Also Like Your Help Please**

One of our aims is to enable as many women as possible to benefit from information so that they too can make an informed choice about whether hysterectomy is the right choice for their health needs. To help us achieve this aim, we have included a poster page at the back of this booklet – we would really appreciate it if you could

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Disclaimer: The information in this booklet is for information purposes only and should not be construed as medical advice. A qualified doctor should always be consulted in the matter of any illness.

give it to your local hospital or local GP for their notice boards, in this way we can reach even more women.



SUPPORTING CHOICE THROUGH INFORMATION

- ◆ Have you had a hysterectomy?
- ◆ Are you thinking about having a hysterectomy?
- ◆ Do you know what is involved for your long term health?
- ◆ Do you want to be better informed or feel happier about your decision?

**We can help with information on:**

Hysterectomy, what it is and the alternatives  
The menopause and your hormones  
HRT, and natural alternatives to HRT

**We provide support through:**

Impartial and timely information about hysterectomy and the menopause  
Counselling Services for women and others affected by a hysterectomy  
Workshops to help you prepare  
Online woman to woman forums on our website

For more information, visit our website

[www.hysterectomy-association.org.uk](http://www.hysterectomy-association.org.uk)