



THE UNIVERSITY  
of EDINBURGH

Improving lifelong well-being



## *Hysterectomy*

Hysterectomy is the operation to remove the womb (uterus). It may be advised for a number of reasons. This leaflet gives a brief overview of the operation.

### **What is hysterectomy?**

The female reproductive organs are made up of a womb, vagina, fallopian tubes and ovaries. The womb is about the size of a pear. It is made of specialised muscle and lies in the pelvis between the bladder and the bowel. Hysterectomy is the removal of the womb by an operation.

Before a hysterectomy, make sure that any questions, concerns or worries you have are dealt with. For example, the following three questions are common and only you or your doctor will be able to answer them:

- Are there any other alternative treatments that have not been tried?
- Are my symptoms and problems severe enough to need a hysterectomy?
- Do I still want to have children? (If you are considering hysterectomy before the menopause)

Hysterectomy is not the right operation for everyone, and is not a decision to make lightly. Consider all options and discuss things fully with your GP or gynaecologist. Remember that a hysterectomy is irreversible.

### **What kinds of hysterectomy are there?**

There are different types of hysterectomy operations:

- Total hysterectomy is the operation in which your uterus and cervix are removed. The ovaries are usually left. However, if they are removed, this is called a bilateral salpingo-oophorectomy (BSO).
- Subtotal hysterectomy is when your uterus is removed but the cervix is left.

The womb may be removed either through a cut in the abdomen (usually leaving a scar in the bikini area) or through the vagina, which means you will not have a visible scar. Sometimes the hysterectomy is done using keyhole surgery. It is worth discussing the way the operation is to be done with your gynaecologist.

### **Will my ovaries be removed?**

Your doctor may remove your ovaries at the same time. The decision to remove your ovaries depends on the reason for doing the hysterectomy. You should discuss the pros and cons of removing the ovaries during a hysterectomy with your gynaecologist.

Removing the ovaries at the time of hysterectomy reduces the risk of ovarian cancer. However, women who have had their ovaries removed have also been found to have an increased risk of developing heart conditions (like angina).

If your ovaries are removed, you may be advised to take hormone replacement treatment (HRT). This is because, when both ovaries are removed, a woman will experience an instant and irreversible menopause. If you are under 50 years old and have your ovaries removed then you should discuss with your doctor about taking HRT. All women under the age of 50 years benefit from taking HRT, without being exposed to the risks of HRT. Any risks of HRT are only relevant for women over the age of 50 years.

If your ovaries are not removed, you still have a 1 in 3 chance of going through the menopause within two years of having the hysterectomy. If you experience symptoms, which may be related to the menopause, for example hot flushes, mood swings, etc., you should discuss them with your doctor.

### **Will having a hysterectomy affect my sex life?**

Removing your womb should not stop you having a good sex life after the operation. In fact, many women report an improvement in their sexual pleasure after having a hysterectomy. This may be because the reason for having a hysterectomy (pain, prolonged heavy bleeding, etc.) is removed. However, some women feel that a hysterectomy impairs their sex life. In particular, some women feel that their orgasm is different after a hysterectomy or even have difficulty reaching orgasm. Having a hysterectomy should not affect your sex drive (libido) unless your ovaries are also removed.

You can usually begin to have sex again about six weeks after the operation. There is no risk of pregnancy, so contraception to stop you falling pregnant is not required. However, barrier contraception (e.g. the condom) to avoid sexually-transmitted infections is still recommended.

### **How will I feel straight after the operation?**

You will be given painkillers for the first few days, both whilst in hospital and also to take home with you. You will be able to eat and drink within a few hours of having the operation. You are likely to have a catheter (a thin tube going into your bladder, which drains urine) in for a couple of days or so. It is very common to have some light bleeding from the vagina, which can last for up to six weeks. You should use sanitary towels rather than tampons whilst this bleeding lasts to reduce the risk of infection. If you have any stitches then they are usually removed between 5 and 7 days after your operation.

### **How long will it be before I can return to normal?**

This varies from person to person. Recovery is usually faster if you have had the hysterectomy through your vagina. You are likely to need to rest more than usual for a few weeks after the operation. You are likely to be recommended to do light exercise and gradually build up the amount of exercise you do. Full recovery commonly takes around 6-8 weeks but it is not unusual for women to take three months until they feel fully back to normal.

You should not drive until you are safe to do an emergency stop. This is usually around six weeks after the operation but you should check with your insurance company. The time

before you can return to work will depend on your job. You can discuss this with your doctor or gynaecologist.

### **Will I still need to have cervical screening tests?**

Most women no longer need to have cervical screening tests after a hysterectomy. However, if you have had an operation that leaves your cervix in place, or because of cancer, then you may be advised to continue having cervical screening tests. Your doctor will advise you about this.

### **Further help and information**

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