



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

Hysterectomy

Q: What is a hysterectomy?

A: A hysterectomy (his-tur-EK-tuh-mee) is a surgery to remove a woman's uterus or womb. The uterus is where a baby grows when a woman is pregnant. The whole uterus or just part of it may be removed. After a hysterectomy, you no longer have menstrual periods and cannot become pregnant.

During the hysterectomy, your doctor also may remove your fallopian tubes and ovaries. The ovaries produce eggs and hormones. The fallopian tubes carry eggs from the ovaries to the uterus. The cervix is the lower end of the uterus that joins the vagina. These organs are located in a woman's lower abdomen, as shown in the image below.

If you have not yet reached menopause and:

- You keep your ovaries during the hysterectomy, you may enter menopause at an earlier age than most women.
- Your ovaries are removed during the hysterectomy, you will enter menopause. You can talk with your doctor

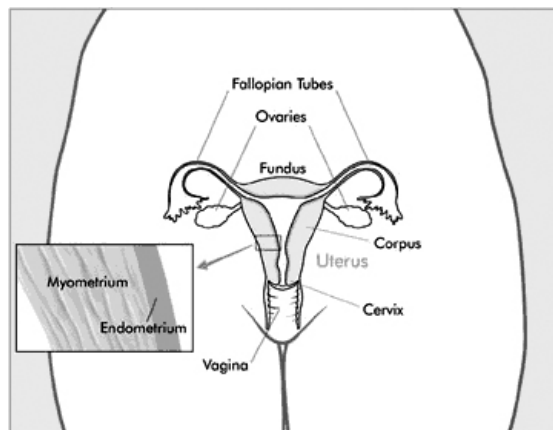


Image Source: National Cancer Institute

about ways to manage menopausal symptoms, such as hot flashes and vaginal dryness.

Types of hysterectomy:

- **Partial, subtotal, or supracervical (soo-pruh-SER-vi-kuhl)** removes just the upper part of the uterus. The cervix is left in place.
- **Total** removes the whole uterus and the cervix.
- **Radical** removes the whole uterus, the tissue on both sides of the cervix, and the upper part of the vagina. This is done mostly when there is cancer present.

Q: How is a hysterectomy performed?

A: There are different ways that your doctor can perform a hysterectomy. It will depend on your health history and the reason for your surgery.

- **Abdominal hysterectomy.** This is done through a 5- to 7-inch incision, or cut, in the lower part of your belly. The cut may go either up and down, or across your belly, just above your pubic hair.
- **Vaginal hysterectomy.** This is done through a cut in the vagina. The doctor will take your uterus out through this incision and close it with stitches.
- **Laparoscopic (lap-uh-ro-SKOP-ik) hysterectomy.** A laparoscope is an instrument with a thin, lighted tube and small camera that allows your doctor to see your pelvic organs. Your doctor will make three to four small cuts in your belly and insert the laparoscope and other instruments. He or she will cut your uterus into smaller pieces and



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

remove them through the incisions.

- **Laparoscopically assisted vaginal hysterectomy (LAVH).** Your doctor will remove your uterus through the vagina. The laparoscope is used to guide the procedure.
- **Robotic surgery.** Your doctor uses a special machine to perform the surgery like laparoscopic surgery. It is most often done when a patient has cancer or is very overweight and vaginal surgery is not safe.

Q: Why do women have hysterectomies?

A: Hysterectomy may be needed if you have:

- **Cancer of the uterus, ovary, cervix, or endometrium (en-doh-MEE-tree-um).** Hysterectomy may be the best option if you have cancer in these organs. The endometrium is the tissue that lines the uterus. If you have precancerous changes of the cervix, you might be able to have a **loop electrosurgical excision procedure (LEEP)** to remove the cancerous cells. Other treatment options can include chemotherapy and radiation. Your doctor will talk with you about the type of cancer you have and how advanced it is.
- **Fibroids.** Fibroids are non-cancerous, muscular tumors that grow in the wall of the uterus. Many women with fibroids have only minor symptoms and do not need treatment. Fibroids also often shrink after menopause. In some women, fibroids can cause prolonged heavy bleeding or pain. Fibroids can be treated with medications. There are also procedures to remove the

fibroids, such as **uterine artery embolization (em-boh-li-ZAE-shuhn)**, which blocks the blood supply to the tumors. Without blood, the fibroids shrink over time, which can reduce pain and heavy bleeding. Another procedure called **myomectomy (my-oh-MEK-tuh-mee)** removes the tumors while leaving your uterus intact, but there is a risk that the tumors could come back. If medications or procedures to remove the fibroids have not helped, and a woman is either near or past menopause and does not want children, hysterectomy can cure problems from fibroids.

- **Endometriosis (en-doh-mee-tree-OH-suhs).** This health problem occurs when the tissue that lines the uterus grows outside the uterus on your ovaries, fallopian tubes, or other pelvic or abdominal organs. This can cause severe pain during menstrual periods, chronic pain in the lower back and pelvis, pain during or after sex, bleeding between periods, and other symptoms. You might need a hysterectomy when medications or less invasive surgery to remove the spots of endometriosis have not helped.
- **Prolapse of the uterus.** This is when the uterus slips from its usual place down into the vagina. This can lead to urinary and bowel problems and pelvic pressure. These problems might be helped for a time with an object called a vaginal pessary, which is inserted into the vagina to hold the womb in place.
- **Adenomyosis (uh-den-oh-my-OH-suhs).** In this condition, the tissue that lines the uterus grows inside the walls of the uterus, which



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

can cause severe pain. If other treatments have not helped, a hysterectomy is the only certain cure.

- **Chronic pelvic pain.** Surgery is a last resort for women who have chronic pelvic pain that clearly comes from the uterus. Many forms of pelvic pain are not cured by a hysterectomy, so it could be unnecessary and create new problems.
- **Abnormal vaginal bleeding.** Treatment depends on the cause. Changes in hormone levels, infection, cancer, or fibroids are some things that can cause abnormal bleeding. There are medications that can lighten heavy bleeding, correct irregular bleeding, and relieve pain. These include hormone medications, birth control pills, and non-steroidal anti-inflammatory medications (NSAIDs). One procedure for abnormal bleeding is **dilatation and curettage (D&C)**, in which the lining and contents of the uterus are removed. Another procedure, **endometrial ablation (en-doh-MEE-tree-uhl a-BLAE-shuhn)**, also removes the lining of your uterus and can help stop heavy, prolonged bleeding. But, it should not be used if you want to become pregnant or if you have gone through menopause.

Very rarely, hysterectomy is needed to control bleeding during a cesarean delivery following rare pregnancy complications. There are other methods doctors use to control bleeding in most of these cases, but hysterectomy is still needed for some women.

Keep in mind that there may be ways to treat your health problem without having this major surgery. Talk with

your doctor about all of your treatment options.

Q: How common are hysterectomies?

A: A hysterectomy is the second most common surgery among women in the United States. The most common surgery in women is childbirth by cesarean section delivery.

Q: What should I do if I am told that I need a hysterectomy?

- A:**
- Ask about the possible risks of the surgery.
 - Talk to your doctor about other treatment options. Ask about the risks of those treatments.
 - Consider getting a second opinion from another doctor.

Keep in mind that every woman is different and every situation is different. A good treatment choice for one woman may not be good for another.

Q: How long does it take to recover from a hysterectomy?

A: Recovering from a hysterectomy takes time. Most women stay in the hospital from 1 to 2 days for post-surgery care. Some women may stay longer, often when the hysterectomy is done because of cancer.

The time it takes for you to resume normal activities depends on the type of surgery. If you had:

- **Abdominal surgery.** Recovery takes from 4 to 6 weeks. You will gradually be able to increase your activities.
- **Vaginal or laparoscopic surgery.** Recovery takes 3 to 4 weeks.



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

You should get plenty of rest and not lift heavy objects for a full 6 weeks after surgery. About 6 weeks after either surgery, you should be able to take tub baths and resume sexual intercourse. Research has found that women with a good sex life before hysterectomy can maintain it after the surgery.

Q: What are the risks of having a hysterectomy?

A: Most women do not have health problems during or after the surgery, but some of the risks of a hysterectomy include:

- Injury to nearby organs, such as the bowel, urinary tract, bladder, rectum, or blood vessels
- Pain during sexual intercourse
- Early menopause, if the ovaries are removed

- Anesthesia problems, such as breathing or heart problems
- Allergic reactions to medicines
- Blood clots in the legs or lungs. These can be fatal.
- Infection
- Heavy bleeding

Q: Do I still need to have Pap tests after a hysterectomy?

A: You will still need regular Pap tests to screen for cervical cancer if you had a partial hysterectomy and did not have your cervix removed, or if your hysterectomy was for cancer. Ask your doctor what is best for you and how often you should have Pap tests.

Even if you do not need Pap tests, all women who have had a hysterectomy should have regular pelvic exams and mammograms. ■



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

For more information

For more information about hysterectomy, call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

Agency for Healthcare Research and Quality, OPHS, HHS

Phone Number(s): (301) 427-1364; (800) 358-9295 (for publications requests)
Internet Address: <http://www.ahrq.gov/consumer>

American College of Surgeons

Phone Number(s): (312) 202-5000; Toll-free: (800) 621-4111
Internet Address: <http://www.facs.org>

American College of Obstetricians and Gynecologists (ACOG) Resource Center

Phone Number(s): (202) 638-5577; (202) 863-2518 (for publications requests)
Internet Address: <http://www.acog.org>

All material contained in this FAQ is free of copyright restrictions, and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the Department of Health and Human Services. Citation of the source is appreciated.

This FAQ was reviewed by:

Edward L. Trimble, M.D., M.P.H.
Head, Gynecologic Cancer Therapeutics and Quality of Cancer Care Therapeutics
Clinical Investigations Branch
Cancer Therapy Evaluation Program
Division of Cancer Treatment and Diagnosis
National Cancer Institute

Content last updated December 15, 2009.