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HYSTERECTOMY Fact Sheet

What is hysterectomy?

Hysterectomy is the surgical removal of the uterus. A hysterectomy may or may not involve the removal of the ovaries and fallopian tubes. It is a major surgery that may require general or regional (spinal or epidural) anesthesia, several days in the hospital and up to six weeks in recovery.

Removal of the ovaries at the time of hysterectomy can lead to sudden onset of menopausal symptoms (e.g., hot flashes, insomnia, depression) unless estrogen replacement therapy begins soon after surgery.

Why are hysterectomies performed?

According to a report published in the *Journal of Obstetrics and Gynecology* (February 2002) based on data from a nationwide registry of hospital discharge records from 1990 to 1997, up to 40 percent of all U.S. hysterectomies were performed to treat fibroid tumors.

The same study reported that hysterectomy was also used to treat menorrhagia (excessive menstrual bleeding due to hormonal changes), endometriosis, uterine prolapse, and pelvic inflammation.

Hysterectomy is also performed to treat some kinds of cancer.

What is the frequency of hysterectomy?

According to the Center for Disease Control (CDC), approximately 600,000 hysterectomies are performed each year in the United States, at an estimated annual cost of more than \$5 billion.

More than one-fourth of U.S. women will have this procedure by the time they are 60 years of age. It is the most common, non-pregnancy related surgery performed on women.

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What is the typical age a woman has a hysterectomy?

According to the CDC, rates are highest among women aged 40-44 years old. Of all hysterectomies, 55 % were among women aged 35-49 years old.

Do hysterectomy rates differ by country and geographic region in the U.S.?

At a rate of 5.6 per 1,000 women, the U.S. hysterectomy rate is higher than that of Australia, New Zealand, and most European nations.

In the U.S., rates also differ by region. According to the CDC, from 1988 through 1993, almost twice as many women received hysterectomies in the South as in the Northeast.

Are there different types of hysterectomies?

There are three basic types. In each type, the ovaries and fallopian tubes may or may not be removed:

- Total hysterectomy (or traditional hysterectomy): The uterus and cervix are removed.
- Subtotal or partial hysterectomy: The uterus is removed but the cervix is left in place.
- Radical hysterectomy: The uterus, cervix, and some of the pelvic lymph nodes are removed. This procedure is usually done to treat cancer

What risks are associated with hysterectomy?

As with all surgery, hysterectomy involves risks, including potential blood loss, infection, and damage to internal organs. Possible long-term complications that have been associated with hysterectomy include urinary incontinence later in life, incomplete emptying of the bladder, and bowel dysfunction.

Hysterectomy mortality rates (the chances of dying as a result of the operation) range from six to 11 per 10,000 cases. This rate does not include women undergoing hysterectomy for cancer or obstetric emergencies.

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Are there less-invasive surgical options to hysterectomy?

Hysterectomy is usually an elective surgery that is performed to treat benign (non-cancerous) conditions. Prior to deciding on hysterectomy, a woman should discuss alternative options with her doctor. These less-invasive treatment options may include:

- **Myomectomy.** A procedure that surgically removes fibroids, but leaves the uterus and the rest of the reproductive system intact. Although, myomectomy sometimes requires a traditional incision, it can often be performed in a minimally-invasive manner through laparoscopy (incision in belly button) or hysteroscopy (through vagina and cervix).
- **Endometrial ablation.** A procedure that inserts a surgical instrument through the vagina and cervix to remove or “ablate” the uterine lining, while preserving the uterus. The procedure can reduce monthly menstrual flow in women who have menorrhagia (excessive menstrual bleeding) due to hormonal changes. This treatment option is for women who have completed childbearing, since the endometrial lining is removed.

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