

Minimally Invasive Hysterectomy Options

Hysterectomy: Know Your Options

Did you know that 600,000 hysterectomies are performed in the United States every year – but in most cases, their symptoms could be treated with less invasive options? Exploring all your options with your doctor can help you potentially avoid surgery or at least minimize pain, scarring, hospital and recovery times – while getting the treatment you need.



Know Your Options

Rarely is a hysterectomy an emergency surgery. There is usually considerable time to research and explore alternatives to discuss with your doctor. Take the time to understand your condition and all the treatment options available to you.

There may be options for your specific condition that are significantly less invasive than traditional open abdominal hysterectomy. You may also find a second opinion helpful.

If hysterectomy is still your best treatment option, you may have choices as to how your hysterectomy is performed. Today, there are several types of hysterectomies, including less invasive procedures that reduce hospital and recovery times as well as minimize scarring, compared to traditional procedures. Use this brochure to learn about the different types of hysterectomies and why they are performed.



Helpful Resources

The following nationwide organizations offer information on hysterectomy and common uterine health conditions:

National Women's Health Resource Center
www.healthywomen.org

Endometriosis Association
www.endometriosisassn.org

HysterSisters
www.hystersisters.com



A quick visual guide to the female reproductive system

Knowing these terms will help you understand the information provided in this brochure.

UTERUS

Also known as the womb. It is the muscular, pear-shaped female reproductive organ inside which a fertilized egg is implanted and a developing embryo and fetus grows.

FALLOPIAN TUBES

Two thin tubes through which the egg (fertilized or not) travels from the ovaries to the uterus.

OVARIES

The 2 female reproductive glands in which eggs are formed and which produce the essential female hormones estrogen and progesterone. They are located in the lower abdomen, to the left and right of the uterus.

CERVIX

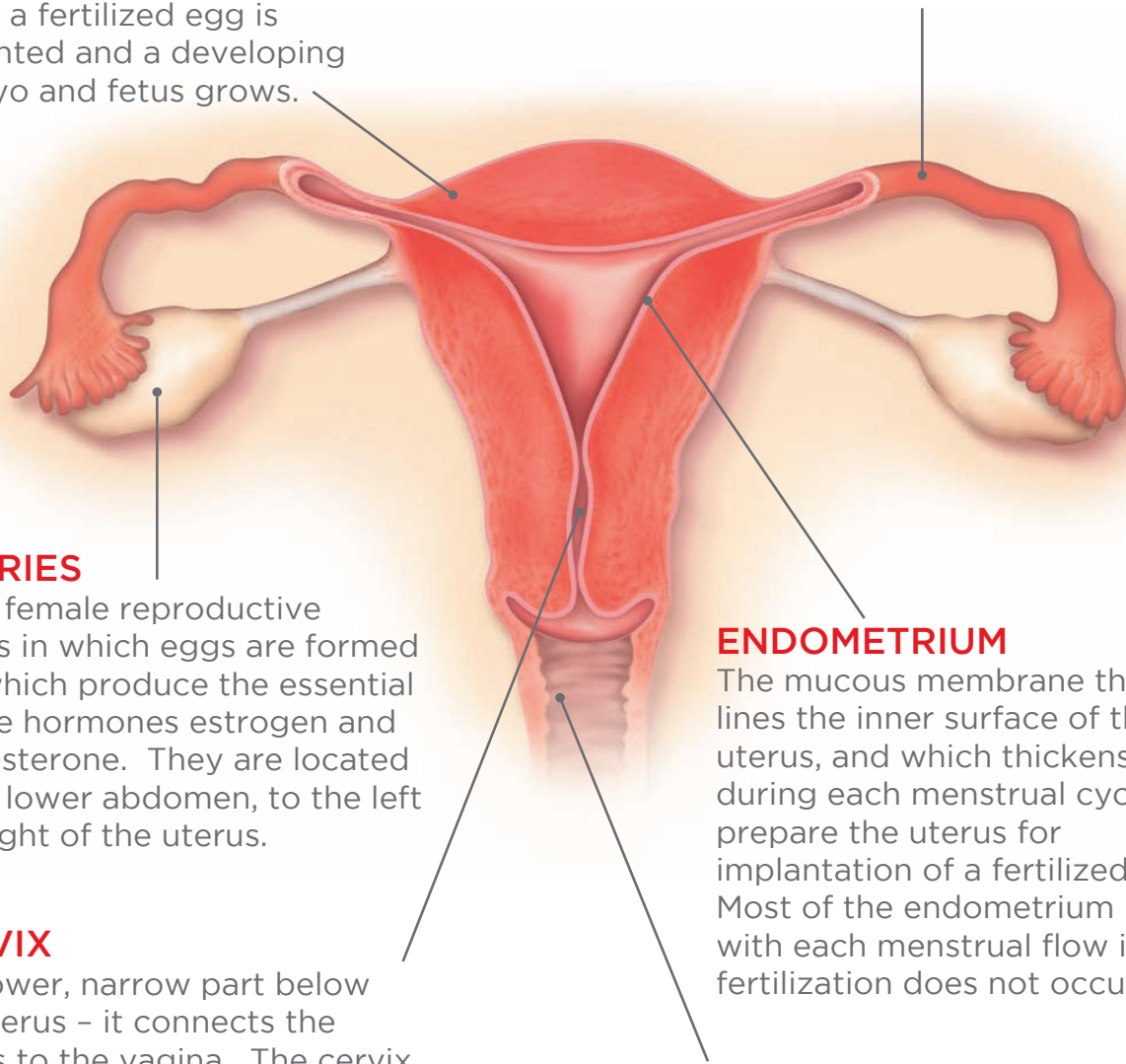
The lower, narrow part below the uterus – it connects the uterus to the vagina. The cervix dilates with labor to allow the baby to pass.

ENDOMETRIUM

The mucous membrane that lines the inner surface of the uterus, and which thickens during each menstrual cycle to prepare the uterus for implantation of a fertilized egg. Most of the endometrium is shed with each menstrual flow if fertilization does not occur.

VAGINA

The organ through which blood and tissues pass out of the body during menstrual periods and through which a baby passes during birth.



Hysterectomies are performed for many reasons

Your doctor may recommend a hysterectomy as treatment for a wide variety of conditions, some of which are listed below. While a hysterectomy may sometimes be the right option, in many cases, symptoms can be treated with less invasive options. Make sure you explore alternative treatment options with your doctor.

Fibroids – benign or noncancerous growths in the uterus.

Heavy periods – also known as menorrhagia, cause pain, fatigue and disruption to your quality of life.

Endometriosis – a condition where tissue that normally resides in the uterus appears in other parts of the abdomen.

Pelvic support problems/prolapse – a condition in which the uterus or other pelvic organs fall out of normal position, causing women to urinate more frequently, and often avoid sex and limit other physical activity due to pain.

Uterine and cervical cancers may be treated with hysterectomy or other treatment methods.

Hysterectomy alternatives to discuss with your doctor

A hysterectomy is not always the best option for all conditions. For some pelvic health conditions, there are other, often less invasive alternatives that you should consider with your doctor. For example:

Heavy Periods/Menorrhagia – Heavy periods can often be treated by a global endometrial ablation, a minimally invasive treatment that can sometimes be performed in the doctor's office.

Fibroids – In many cases fibroids can be removed without removing the entire uterus, a process called a myomectomy.

Pelvic Organ Prolapse – Pelvic floor repair procedures can be performed to restore pelvic support without removing any organs.



Some basic information on hysterectomy

A hysterectomy is the surgical removal of all or part of the uterus. The doctor may also remove the fallopian tubes, ovaries and/or the cervix during the procedure. He or she may use the following terms to describe the organs removed during surgery:

Supracervical or Subtotal Hysterectomy –

removes the uterus but leaves the cervix in place, which some research suggests may reduce the risk of pelvic organ prolapse and preserve sexual function. This is sometimes referred to as “partial hysterectomy.” The fallopian tubes and ovaries may or may not be removed.



Total Hysterectomy – removes the uterus and cervix. The fallopian tubes and ovaries may or may not be removed.

Radical Hysterectomy – may remove all of these organs (the uterus, cervix, fallopian tubes, ovaries), plus the pelvic lymph nodes. This type of hysterectomy is usually performed when cervical cancer is present.

There are 3 different ways to perform hysterectomies. Your surgeon can remove the uterus and other organs:

- ① **Laparoscopically**
through small incisions in the abdomen
- ② **Vaginally**
through the vagina
- ③ **Abdominally**
through a large incision in the abdomen, approximately 4-8 inches long



Abdominal Hysterectomy

Uterus, cervix and sometimes other organs are removed via a 4-8 inch horizontal incision below the belly button

Hospital Stay: 3-6 days

Recovery Time: 4-6 weeks



Vaginal Hysterectomy

Uterus, cervix and sometimes other organs are removed via a smaller incision inside the vagina

Hospital Stay: 1-3 days

Recovery Time: 2-4 weeks



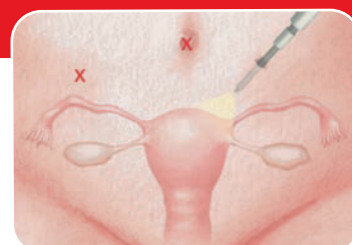
Internal Vaginal Incision

Total Laparoscopic Hysterectomy (TLH)

A type of laparoscopic hysterectomy in which a device called a laparoscope is inserted through 3-4 tiny incisions in the abdomen to remove the uterus and cervix

Hospital Stay: 1-3 day

Recovery Time: 2-3 weeks

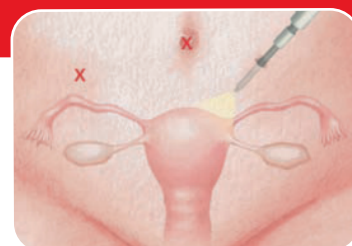


Laparoscopic Supracervical Hysterectomy (LSH)

A type of laparoscopic hysterectomy in which a device called a laparoscope is inserted through 3-4 tiny incisions in the abdomen to remove the uterus. The cervix is left in place

Hospital Stay: 1 day or less

Recovery Time: 1-2 weeks



What to expect once you return home

After a minimally invasive hysterectomy, you may experience shoulder pain, nausea, fatigue or abdominal discomfort for the first 24 hours. Oral pain relievers will often relieve this pain. Pain will decrease over the next several days. Consult your physician if any of your postoperative symptoms concern you.

Because minimally invasive hysterectomy does not require the surgeon to make a large abdominal incision, it's a much less invasive procedure than traditional methods of hysterectomy. Most patients spend a few days or less in the hospital and some even have the procedure done on an outpatient basis. Most experience minimal pain and scarring compared with traditional hysterectomy methods.

Ask your doctor whether a minimally invasive hysterectomy is right for you

Of the approximately 600,000 hysterectomies performed in the United States every year, almost half are performed using less invasive methods like laparoscopic or vaginal. Ask a doctor whether a minimally invasive hysterectomy might be right for you. The decision about which kind of hysterectomy to have is an important one. Remember, it's usually an elective procedure, not an emergency. Give yourself some time to thoroughly understand your options. Talk with your doctor. Learning all you can – and asking questions about those issues that are most important to you – is the best way to feel confident that you are making the very best decision possible.

Know the risks and complications

As with any surgical procedure, hysterectomies may present risks. With all types of hysterectomies, there's a risk of potential blood loss, infection and damage to other internal organs. Talk to your doctor about whether you are a candidate for a minimally invasive hysterectomy. And remember, the risk for serious complications depends on the reason the surgery is needed and your medical condition and age, as well as the experience of the surgeon and anesthesiologist. Ask your doctor or surgeon about what to expect after surgery as well as the risks that may occur with surgery.



Know Your Options

If you and your physician have concluded a hysterectomy is right for you, here are some questions you may want to ask before undergoing the procedure:

- 1 Which type of hysterectomy is most appropriate for me?
- 2 Do you perform minimally invasive hysterectomies? If not, can you refer me to someone who does?
- 3 Will my ovaries and fallopian tubes be removed during the procedure? Why?
- 4 Will you need to remove my cervix? Why?
- 5 Will I have a scar after the surgery?
- 6 How large and where will my scars be?
- 7 Can the procedure be performed on an outpatient basis?
- 8 How long will I have to stay in the hospital?
- 9 How long until I will be able to perform normal physical activities, eg. lifting children, exercising?



Information from the following resources was used in the creation of this brochure:

- Ethicon Endo-Surgery, Inc faculty data
- U.S. Department of Health and Human Services
- Centers for Disease Control and Prevention
- Davis, Jeanie L. "A Fresh Look at Hysterectomy." 2009.
<http://women.webmd.com/features/fresh-look-hysterectomy>