



# Considering a Hysterectomy?

Discover all the Options

# Hysterectomy Facts<sup>1</sup>



- One out of every three women will have a hysterectomy



- Approximately 60 percent of those women will experience a prolonged recovery due to traditional open surgical methods



- Hysterectomy is the second most common major surgery among women in the United States



# Hysterectomy Facts<sup>2</sup>



- Hysterectomy is the surgical removal of the uterus



- Surgical removal of the ovaries (oophorectomy) is often performed at the same time

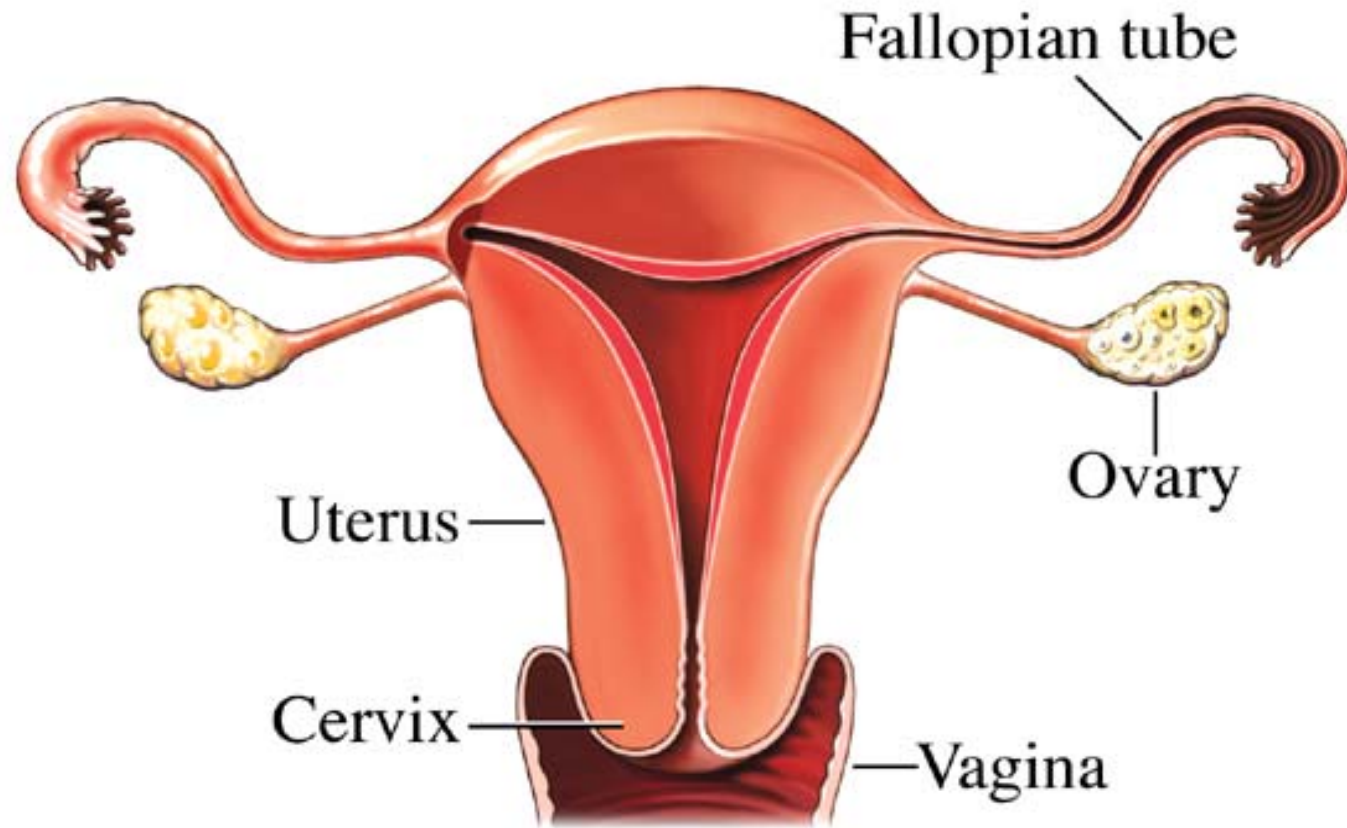


# Hysterectomy Facts<sup>2</sup>



- Hysterectomy can be a treatment option for women experiencing
  - Fibroids
  - Endometriosis
  - Prolapse
  - Uterine cancer
  - Abnormal uterine bleeding

# Anatomy of the Uterus



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# Types of Hysterectomies<sup>2</sup>



- Open or “traditional” procedures



- Minimally invasive procedures (MIP)



# Total Abdominal Hysterectomy (TAH) <sup>2</sup>



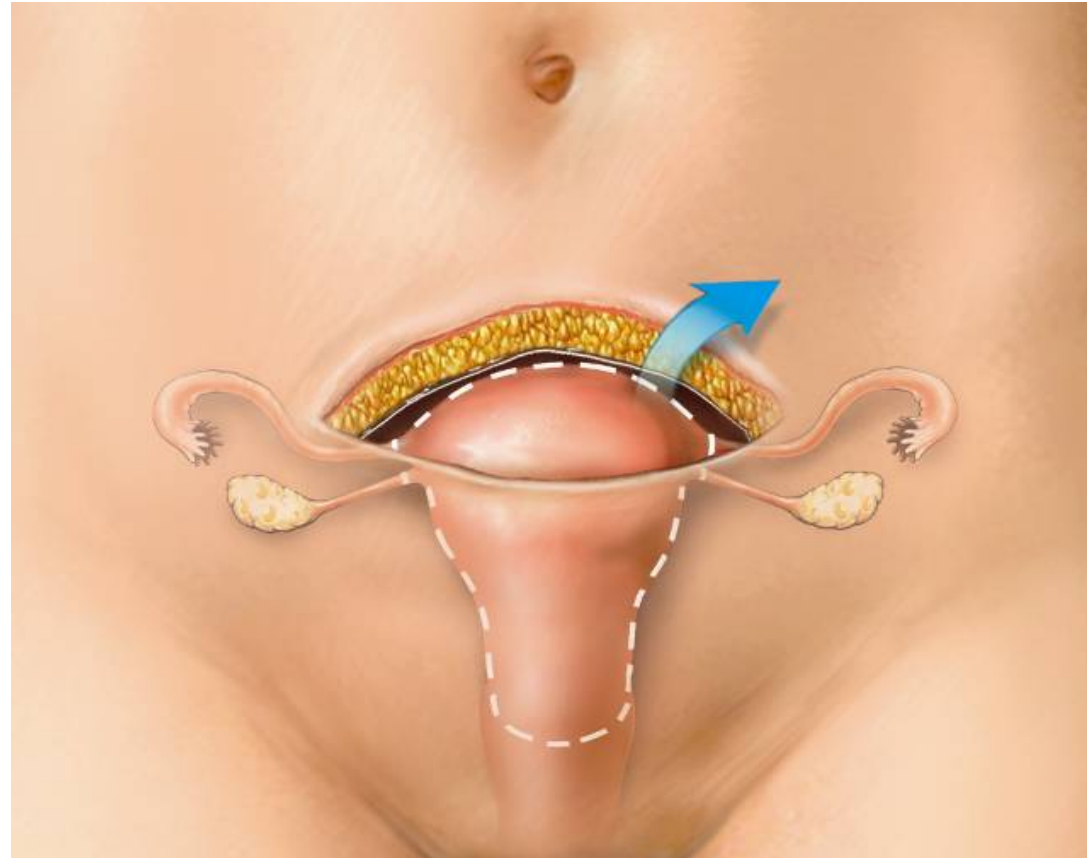
- Also known as “traditional” or “open” procedure
- Large incision or “bikini cut” (4–6 inches) in the abdomen to gain access to the inside of the body and provide an open view of internal organs
- Tissues of the abdominal wall are stretched apart and uterus is removed

# Total Abdominal Hysterectomy (TAH) <sup>2</sup>



- Requires three to five day hospital stay
- Normal activity can usually resume in six weeks

# Total Abdominal Hysterectomy (TAH)



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# Minimally Invasive Procedures<sup>2</sup>



- Two types of minimally invasive procedures (MIP) for hysterectomy
  - Vaginal hysterectomy
  - Laparoscopic procedures
    - Laparoscopically assisted vaginal hysterectomy (LAVH)
    - Laparoscopic superacervical hysterectomy (LSH)

# Vaginal Hysterectomy<sup>2</sup>



- Incision (approximately 1 inch) made at the top of the vagina
- Uterus and cervix are separated from the body and removed through the vagina
- Abdominal walls are not stretched

# Vaginal Hysterectomy<sup>2</sup>



- Requires one to three day hospital stay
- Normal activity can usually resume in four weeks

# Vaginal Hysterectomy



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# Laparoscopically Assisted Vaginal Hysterectomy (LAVH)<sup>2</sup>



- Incision (approximately 1 inch) made at the top of the vagina
- Uterus and cervix are removed through the incision

# Laparoscopically Assisted Vaginal Hysterectomy (LAVH)<sup>2</sup>



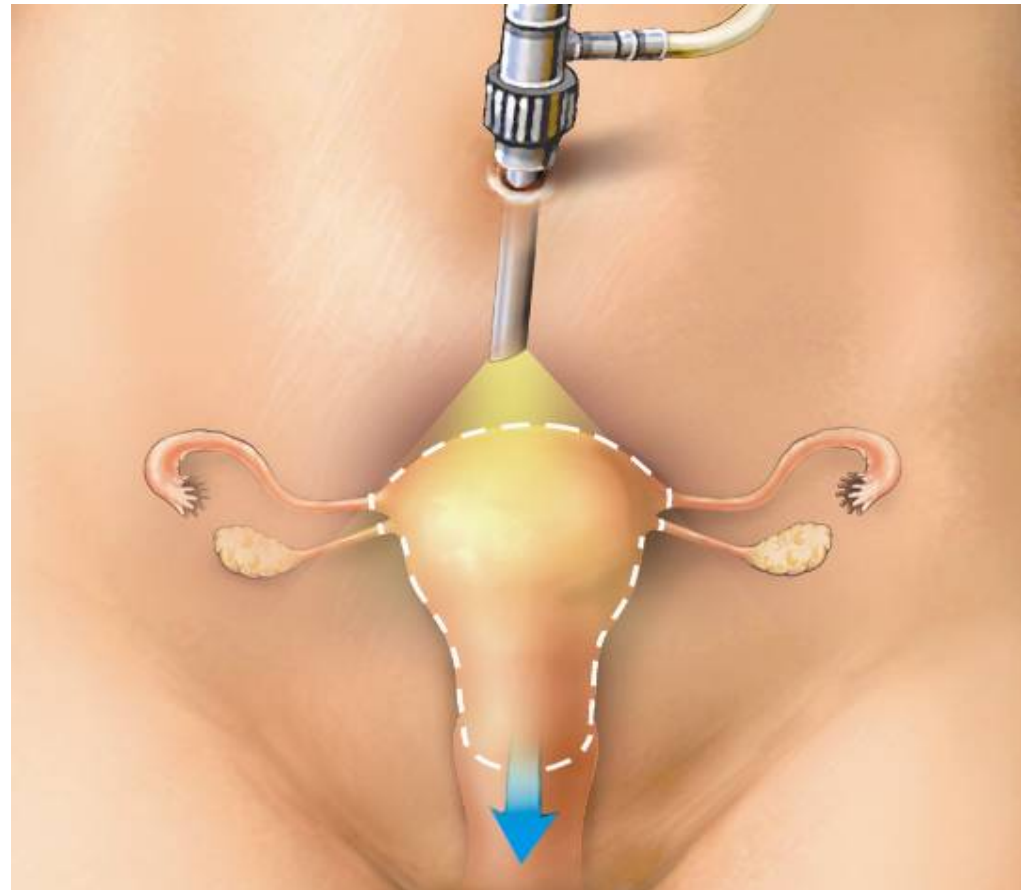
- Prior to removal, a laparoscope (miniature camera) is inserted through a small abdominal incision to view the uterus and surrounding organs
- Uterus is detached under view of the laparoscope using special laparoscopic surgical tools inserted through small incisions

# Laparoscopically Assisted Vaginal Hysterectomy (LAVH)<sup>2</sup>



- Requires one to three day hospital stay
- Normal activity can usually resume in four weeks

# Laparoscopically Assisted Vaginal Hysterectomy (LAVH)



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# Laparoscopic Supracervical Hysterectomy (LSH)<sup>2</sup>



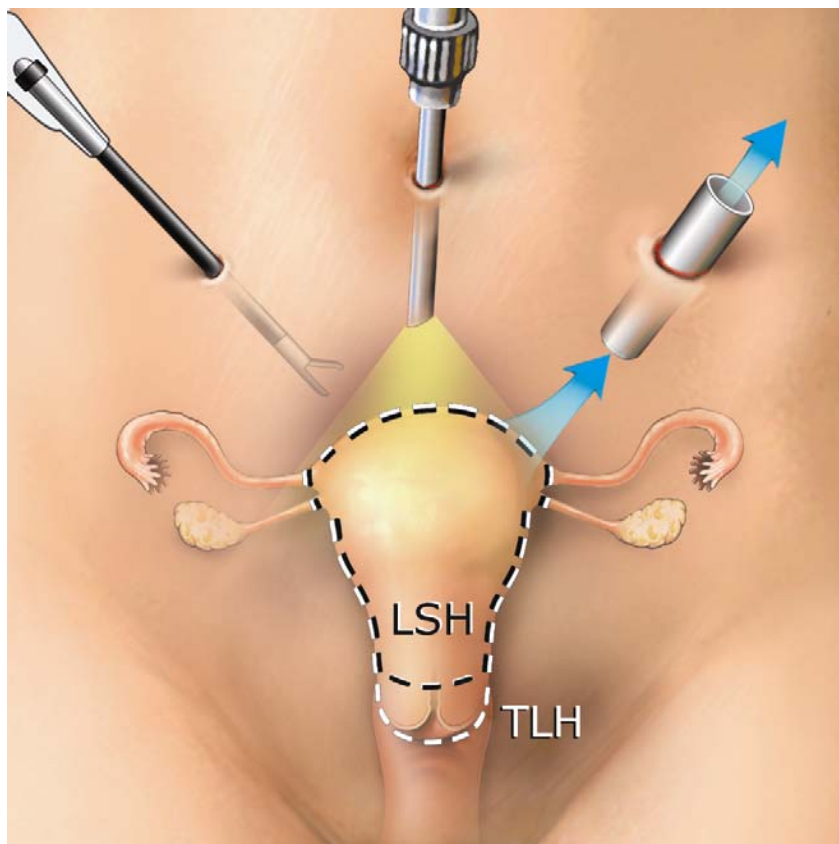
- Uterus is removed using only laparoscopic tools
- Using instruments, the surgeon separates the uterus from the cervix and removes it through one of the abdominal incisions
- Cervix is left in place

# Laparoscopic Supracervical Hysterectomy (LSH)<sup>2</sup>



- Requires one to three day hospital stay
- Normal activity can usually resume in four weeks

# Laparoscopic Supracervical Hysterectomy (LSH)



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# Why Consider a Minimally Invasive Procedure (MIP)?<sup>2</sup>



- Most MIP patients have\*
  - Quicker recovery
  - Less time in the hospital
  - Less post-operative pain
  - Less scarring

\*When compared with open surgery

# Risks and Complications<sup>2</sup>



- Both types of hysterectomy — traditional and MIP have risks including:
  - Reactions to medications or problems resulting from anesthesia
  - Breathing problems
  - Bleeding
  - Infection

# Risks and Complications<sup>2</sup>



Additional risks and complications (cont.)

- Blood clots in the veins or lungs
- Death (rare)
- Inadvertent injury to the organs and vessels near the uterus

# Risks Specific to Traditional Hysterectomy<sup>2</sup>



- Muscle injury
- Post-operative incisional hernia



# Discuss the Options With Your Physician



- Understand the reasons why you may need your uterus removed
- Find time to discuss the surgery away from the examining room when you are fully dressed and comfortable

# Discuss the Options With Your Physician



- Bring questions and take notes
- Consider including a friend or family member in the discussion

# Questions to Ask Before Your Hysterectomy Procedure



- How long will it take me to recover?



- When will I be able to leave the hospital?



- Will my ovaries or any reproductive organs other than my uterus be removed?



- When can I resume normal activities, including school, work, exercise, sexual activity, and recreation?

# Questions to Ask Before Your Hysterectomy Procedure



- What type of hysterectomy will I have?
- Is any type of minimally invasive procedure appropriate for my situation?
- Which organs will be removed?
- Exactly where, and how big will the incisions be?

# Questions to Ask Before Your Hysterectomy Procedure



- Is this the least invasive procedure available for my condition?
- How many of these procedures have you performed in the past 12 months?

# Choosing MIP Over Traditional Surgery<sup>2</sup>



- Your surgeon will help you determine if MIP is an appropriate choice for you
- Factors to consider include:
  - Obesity
  - History of abdominal surgery causing dense scar tissue
  - Inability to safely visualize organs
  - Bleeding problems during the operation
  - Underlying medical conditions

# Advantages of Minimally Invasive Procedures (MIP)\*

- Quicker recovery
- Less time in the hospital
- Less post-operative pain
- Less scarring



**TAH surgery scar**



**LSH, LAVH, TLH scar**



**LAVH scar (none)**

\* When compared with open surgery



## References



1. National Women's Health Information Center. "Hysterectomy." [Online] November 2002  
*<http://www.4woman.gov/faq/hysterectomy.htm>*
2. Hysterectomy Solutions. "Feel Like Yourself Sooner." [Online]  
*<http://www.hysterectomyoptions.com/dtcf/>*



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