Considering a Hysterectomy?

Discover all the Options

www.hysterectomyoptions.com
Hysterectomy Facts

• 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

- Hysterectomy is the surgical removal of the uterus
- Surgical removal of the ovaries (oophorectomy) is often performed at the same time
Hysterectomy Facts

- Hysterectomy can be a treatment option for women experiencing:
  - Fibroids
  - Endometriosis
  - Prolapse
  - Uterine cancer
  - Abnormal uterine bleeding
Anatomy of the Uterus

- Fallopian tube
- Ovary
- Uterus
- Cervix
- Vagina
Types of Hysterectomies

- Open or “traditional” procedures
- Minimally invasive procedures (MIP)
Total Abdominal Hysterectomy (TAH)²

- 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)²

• Requires three to five day hospital stay

• Normal activity can usually resume in six weeks
Total Abdominal Hysterectomy (TAH)
Minimally Invasive Procedures²

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

- 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

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

The depicted surgery may not accurately reflect your specific procedure.
Laparoscopically Assisted Vaginal Hysterectomy (LAVH)\(^2\)

- Incision (approximately 1 inch) made at the top of the vagina

- Uterus and cervix are removed through the incision
Laparoscopically Assisted Vaginal Hysterectomy (LAVH)²

• 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)$^2$

- Requires one to three day hospital stay
- Normal activity can usually resume in four weeks
Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

The depicted surgery may not accurately reflect your specific procedure.
Laparoscopic Supracervical Hysterectomy (LSH)²

- 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)

- Requires one to three day hospital stay
- Normal activity can usually resume in four weeks
Laparoscopic Supracervical Hysterectomy (LSH)

The depicted surgery may not accurately reflect your specific procedure.
Why Consider a Minimally Invasive Procedure (MIP)?

• 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

• 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

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 Hysterectomy²

- 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

• 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

* When compared with open surgery
References

   http://www.4woman.gov/faq/hysterectomy.htm

   http://www.hysterectomyoptions.com/dtcf/