

What is a hysterectomy?

A hysterectomy is an operation where the uterus (womb) is removed. There are 2 types of hysterectomies:

- Total hysterectomy: this is the removal of the uterus and cervix
- Subtotal or Supracervical hysterectomy: this is the removal of only the uterus

You should talk to your doctor about making a decision about removing the cervix. You should have your cervix removed if:

- You have had an abnormal pap test
- Endometriosis or pelvic pain
- Fibroids at the cervix
- Pre-cancer or cancer of the cervix

Research tells us that removal of the cervix does not interfere with sexual satisfaction.

What is a laparoscopic hysterectomy?

A laparoscopic hysterectomy can be chosen if the uterus is not too big. The uterus is detached from its surroundings and its blood supply. It is then removed through the vagina by making a cut in the vagina right next to the cervix. The top of the vagina is then stitched closed.

If you have a subtotal hysterectomy, there is no cut in the vagina. Instead, the uterus can be taken out of the body in 2 ways after it is detached:

- Morcellation: this is where it is cut into small pieces so that it can be removed through the small abdominal cuts
- Mini-Laparotomy: this is where one of the small cuts is enlarged to 3 to 4 cm to allow for the removal of the uterus

Do my ovaries and fallopian tubes need to be removed?

In all women, your doctor will recommend that you have your tubes removed. This is called a salpingectomy. This is because it has been shown that some ovarian cancers start at the tubes. By removing them, you will likely decrease your future risk of having ovarian cancer. The fallopian tubes do not produce hormones so removal of these will not impact menopause and will not impact your recovery time.

Depending on your medical condition, you might be asked to make a choice between keeping or removing your ovaries. An oophorectomy is when the ovaries are taken out by surgery. Removing the ovaries can take away the risk of needing more surgeries to treat problems with the ovaries.

If you have not gone through menopause:

- Keeping your ovaries means you still have the hormones to protect your heart and bones.
- Removing your ovaries means you will go into menopause.
- You might get hot flashes and vaginal dryness. You might also increase your risk of heart and bone problems.
- Talk to your doctor about hormone replacement therapy and if it is right for you.

If you have already gone through menopause:

- You can consider removing your ovaries to avoid future surgeries to treat problems with the ovaries.

How do I get ready for surgery?

Your doctor might give you a medication called “Leuprolide acetate (Lupron)”. It is an injection medication that will help shrink your uterus. This is usually given 1 to 3 months before your surgery. You might get some side effects from the medication, such as hot flashes and mood changes. Your doctor might also want you to take iron supplements to boost up your blood count before surgery. If your blood count is very low, your doctor might arrange for you to have an iron infusion. Ask your doctor if these medications are necessary for you.

See [Laparoscopy](#) for more information about how to get ready for surgery.

What are the risks of laparoscopic hysterectomy?

The risks are the same for all laparoscopic procedures (see [Laparoscopy](#)).

What is the recovery after laparoscopic hysterectomy?

The recovery is the same for all laparoscopic procedures (see [Laparoscopy](#)). Because this is a larger operation your recovery can take up to 6 to 8 weeks. You will usually stay 1 night in the hospital. A catheter into the bladder will be kept in overnight and will be removed in the morning. It is important that you do not have sex and avoid baths, hot tubs, swimming pools and heavy lifting over 10 lbs for 6 weeks after surgery. You should also avoid constipation and straining. Stool softeners and laxatives can be used.