

# Hysterectomy—Open Surgery

## (Surgical Removal of the Uterus [or Womb]; Abdominal Hysterectomy; Vaginal Hysterectomy)

by [Editorial Staff and Contributors](#)

[En Español \(Spanish Version\)](#)

View an animated version of this procedure:

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### Definition

Hysterectomy is the surgical term for the removal of the uterus (womb). This results in the inability to become pregnant. The surgery may be done through the abdomen or the vagina. This is a common surgery in the United States.

This type of surgery can be:

- Partial or subtotal hysterectomy—removal of the uterus (without removing the cervix)
- Total, complete, or simple hysterectomy—removal of the uterus and cervix (the opening of the uterus leading to the vagina)
- Radical hysterectomy—removal of the uterus, ovaries, fallopian tubes, upper part of the vagina, and the pelvic lymph nodes
- [Salpingo-oophorectomy](#) —removal of the ovaries and fallopian tubes (may be combined with any of the above procedures)

### Reasons for Procedure

You may have a hysterectomy if your uterus is causing health problems that cannot be treated by other means. Some reasons a woman may have a hysterectomy are to:

- Treat cancers such as [uterine](#), endometrial, or [ovarian](#) cancers
- Remove [uterine fibroids](#) —common, benign (noncancerous) tumors that grow in the muscle of the uterus
- Treat chronic pelvic pain
- Treat heavy bleeding

Explore your options before having a hysterectomy. There are other treatments for many of these problems.

### Possible Complications

If you are planning to have hysterectomy, your doctor will review a list of possible complications, which may include:

- Reactions to anesthesia
- Pain
- Infection
- Bleeding

- Fatigue
- Injured pelvic organs (bowel and/or bladder)
- Urinary incontinence (problems controlling your urine)
- Loss of ovarian function and early menopause
- Depression
- Sexual dysfunction

Some factors that may increase the risk of complications include:

- Obesity
- Smoking
- Heart or lung disease
- Diabetes
- Previous pelvic surgery or serious infection
- Use of prescription and nonprescription drugs during the past month

Be sure to discuss the risks with your doctor before surgery.

## What to Expect

### Prior to Procedure

Your doctor may do the following:

- Blood and urine tests
- X-ray of abdomen and kidneys—a test that uses radiation to take a picture of structures inside the body
- Pelvic ultrasound—a test that uses sound waves to visualize organs in the abdomen
- Dilation and curettage (D&C)—surgical removal of tissue from the lining of the uterus (to check for cancer)
- Ask you to take enemas to clean out your intestines

You should do the following:

- Talk to your doctor about your medicines. You may be asked to stop taking some medicines up to one week before the procedure, like:
  - Aspirin or other anti-inflammatory drugs
  - Blood thinners, such as warfarin (Coumadin)
  - clopidogrel (Plavix)
- If instructed, take antibiotics.
- Arrange for a ride home and for help at home.
- Eat a light meal the night before the surgery. Do not eat or drink anything after midnight.

### Anesthesia

Most of the time general anesthesia is used. It blocks pain and keeps you asleep through the surgery. It is given through an IV in your hand or arm.

### Description of the Procedure

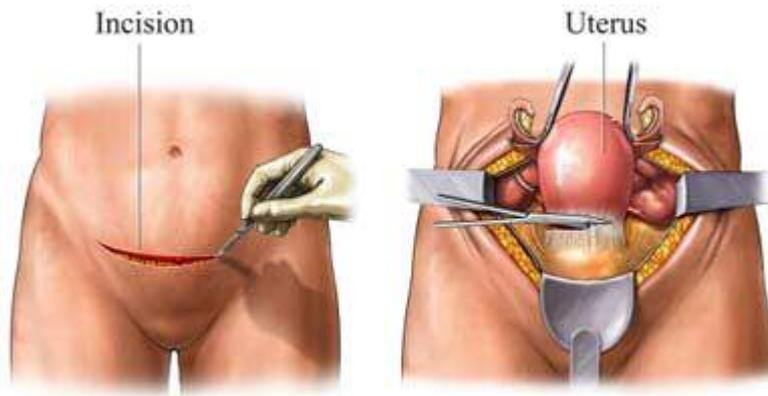
There are two different methods that are described here.

#### Open Abdominal Hysterectomy

The doctor will make a cut in your lower abdomen. This is to expose the tissue and blood vessels that surround the uterus. The tissue will then be cut. The blood vessels will be tied off. The uterus will be removed. Next, the doctor will sew the tissue back together and close the skin with stitches or staples. If the cervix is taken out with the

uterus, you will also have stitches put in the back of your vagina.

### Abdominal Hysterectomy



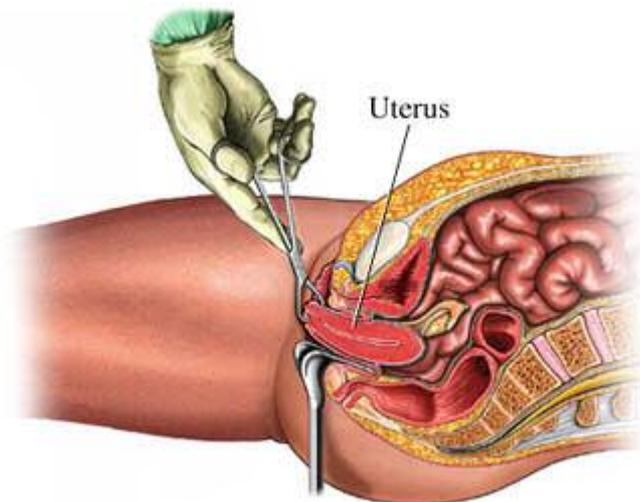
The uterus is removed through the abdomen.

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### Open Vaginal Hysterectomy

This method will not involve any outside incisions. The doctor will stretch the vagina and keep it open with special tools. He will then cut free the uterus and cervix. The connecting blood vessels will be tied off. Next, the doctor will remove the uterus and cervix through the vagina. Lastly, the doctor will close the top of the vagina with stitches.

### Vaginal Hysterectomy



The uterus is removed through the vagina.

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With each procedure, a vaginal "packing" (sterile gauze) is placed in the vagina. This will be removed after 1-2 days.

### Immediately After Procedure

If you have other medical problems, the doctor may need to remove or repair other organs or tissue.

Your doctor will send tissue samples to the lab to be analyzed. In the recovery room, you will have IV fluids and medicines.

## How Long Will It Take?

1-3 hours

## Will It Hurt?

You will likely have pain, fullness, bloating, and vaginal bleeding or discharge during the first few days. Your doctor will give you pain medicine.

## Average Hospital Stay

- Open Abdominal hysterectomy: 3-5 days
- Vaginal hysterectomy: 1-2 days

Your doctor may choose to keep you longer if complications arise.

## Post-procedure Care

### At the Hospital

While you are recovering at the hospital, you may receive the following care:

- On the first night, you may be instructed to sit up in bed and walk a short distance.
- During the next morning, the IV will probably be removed if you are eating and drinking well.
- You may need to wear special stockings or boots to help prevent blood clots.
- You may have a foley catheter in your bladder for a short time to help you urinate.

### At Home

When you return home, do the following to help ensure a smooth recovery:

- Follow your doctor's instructions.
- Take proper care of the incision site. This will help to prevent an infection.
- Ask your doctor about when it is safe to shower, bathe, or soak in water.
- During the first two weeks, rest and avoid lifting. But be sure to get yourself out of bed for long periods of time each day.
- Slowly increase your activities. Begin with light chores and short walks. Depending on your job, you may be able to return to work.
- Check with your doctor to see when it is safe to drive again.
- To promote healing, eat a diet rich in fruits and vegetables. Ask your doctor if you need to take iron.
- Try to avoid constipation by:
  - Eating high-fiber foods
  - Drinking plenty of water
  - Using stool softeners if needed
- Ask your doctor when you can use tampons. Also ask about Kegel exercises.
- Wait six weeks before resuming sexual activity.
- If you still have a cervix, you will still need regular Pap smears.

Recovery from open abdominal hysterectomy usually takes 6-8 weeks. Recovery time will be quicker for other methods (eg, laparoscopic surgery).

## Call Your Doctor

After you leave the hospital, contact your doctor if any of the following occurs:

- Signs of infection, including fever and chills
- Redness, swelling, increasing pain, excessive bleeding, leakage, or any discharge from the incision site
- Incision opens up
- Nausea and/or vomiting that you cannot control with the medicines you were given after surgery, or which persist for more than two days after discharge from the hospital
- Dizziness or fainting
- Cough, shortness of breath, or chest pain
- Heavy bleeding
- Pain that you cannot control with the medicines you have been given
- Pain, burning, urgency or frequency of urination, or persistent bleeding in the urine
- Swelling, redness, or pain in your leg

In case of an emergency, call for medical help right away.

#### **RESOURCES:**

The American College of Obstetricians and Gynecologists  
<http://www.acog.org/>

National Uterine Fibroids Foundation  
<http://www.nuff.org/>

Women's Health.gov  
<http://www.womenshealth.gov/>

#### **CANADIAN RESOURCES:**

The Society of Obstetricians and Gynaecologists of Canada  
[http://www.sogc.org/index\\_e.asp/](http://www.sogc.org/index_e.asp/)

Women's Health Matters  
<http://www.womenshealthmatters.ca/>

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