

Hysterectomy...Is that your final answer???

NATIONAL FACTS

A hysterectomy is the surgical removal of a woman's uterus (the womb). It is the second most commonly performed surgery on women in the United States, second only to cesarean section delivery. More hysterectomies are done in the United States than in any other country in the world. The Centers for Disease Control indicate that 600,000 hysterectomies are performed annually. This means that each year, one out of every nine women will have a hysterectomy. By the age of 60, this number jumps to one in three women. The annual cost for hysterectomy is estimated at \$5 billion. For women who undergo hysterectomy, the average recovery time is 4-12 weeks.

Hysterectomies are not performed uniformly within the United States. A woman is far more likely to have a hysterectomy if she lives in the South or Midwest, than if she lives in the Northeast or West. Women aged 40-45 have the highest rates of hysterectomy, and black women have more hysterectomies than women of any other races.

INDICATIONS

Doctors recommend women have hysterectomies for many reasons. The most common reasons are:

- Uterine Fibroids (The most common indication for a hysterectomy)
- Endometriosis
- Uterine Prolapse
- Cancer of the uterus, ovaries or cervix
- Cervical dysplasia
- Abnormal uterine bleeding
- Infection in the reproductive organs that could lead to infection in surrounding organs.

Until recently, hysterectomy rates in the United States were not questioned. Rates have steadily climbed in the United States since the late 1980's. There has been a marked increase in hysterectomies performed, especially for uterine fibroids, from 1994 to 1999. The World Health Organization has begun to question why so many American women are having hysterectomies. Medical technology has progressed significantly. There are other less invasive treatments available for uterine fibroids for example, which account for 30% of all hysterectomies. In a nation as technologically advanced as the United States, why aren't more women taking advantage of these newer, less invasive treatments? Why are black women, who are 3-4 times more likely to have uterine fibroids than women of all other races, less likely to undergo the less invasive, newer treatments for uterine fibroids. Why are they most likely to have total abdominal hysterectomies with removal of the ovaries and fallopian tubes?

RATIONALE

When a woman is suffering with heavy bleeding, pain, and cramping from uterine fibroids or endometriosis, uterine prolapse or other abnormal uterine bleeding, she is almost always recommended to have a hysterectomy. If she has completed child bearing, she is rarely offered other treatment options. The rationale, "If she's no longer having children, she doesn't need her uterus anyway." Nothing could be further from the truth. Women who have their uteri removed are more likely to suffer urinary incontinence and constipation following surgery. Many women also experience decreased sexual arousal and orgasm following hysterectomy.

TYPES OF HYSTERECTOMIES

Total Abdominal Hysterectomy – This is the most commonly performed hysterectomy. It is the preferred method for removal of uterine fibroids. It involves an incision in the lower abdomen and removal of the uterus. Physicians prefer this procedure because it completely opens the abdominal cavity making the surgery easier to perform and allows clear views of all of the internal organs. The ovaries and fallopian tubes are usually removed during an abdominal hysterectomy to reduce a woman's future risk of developing ovarian cancer. Since a woman's menstrual cycles are abruptly halted, a woman enters what is called "surgical menopause" and will require hormone replacement therapy. The procedure takes between one and three hours to perform and requires a 3-5 day hospital stay. Full recovery takes 4-12 weeks.

Vaginal Hysterectomy – This procedure is often performed for uterine prolapse and abnormal uterine bleeding. Since the ovaries and cervix are not causing problems, they are often not removed. A small incision is made in the lower abdomen/pelvis at the top of the vagina so that the surgeon may cut and tie off the fallopian tubes, ligaments and blood vessels. Once the uterus is freed, it is removed through the vagina. The procedure takes one to two hours to perform, and requires a 1-3 day hospital stay. Most women fully recover in 4 weeks. This procedure appeals to many women because it is less invasive, requires less time, and leaves the cervix. However, a woman who retains her cervix must continue to have annual Pap Smears in order to monitor for cervical cancer.

Laparoscopic Assisted Vaginal Hysterectomy - With this surgery, a tube containing a tiny camera is inserted through an incision in the navel. This allows the surgeon to see the uterus on a video monitor. The surgeon then inserts two slender instruments through small incisions in the abdomen and uses them to cut and tie off the blood vessels, fallopian tubes, and ligaments. When the uterus is detached, it is removed through a small incision at the top of the vagina or through the vaginal canal. ***This procedure requires additional surgical skills to perform, and not all surgeons are trained to perform this procedure.*** Women who undergo this procedure typically stay in the hospital overnight and fully recover in about 2 weeks.

Radical Abdominal Hysterectomy - Radical hysterectomies are performed on women with cervical or endometrial cancer that has spread to the cervix, and for ovarian cancer. A radical hysterectomy removes the uterus, cervix, top part of the vagina, ovaries, fallopian tubes, lymph nodes, lymph channels, and tissue in the pelvic cavity that surrounds the cervix. This type of hysterectomy removes the most tissue and requires the longest hospital stay and longer recovery period.

WHAT THIS MEANS FOR WOMEN

Women who undergo hysterectomy and also have their ovaries removed immediately stop having menstrual cycles and enter “surgical menopause.” Hot flashes and other symptoms of menopause will occur if they are not started on hormone replacement therapy. They will also be at increased risk for developing heart disease and osteoporosis.

Women on hormone replacement therapy are at an increased risk of developing breast cancer while on hormone replacement therapy. This risk declines to zero within 5 years of stopping hormone replacement therapy.

Women may lose up to 50% of their sex drives if they have their ovaries removed at the time of hysterectomy.

Many women report weight gain, pelvic discomfort, constipation and urinary incontinence. These issues should be thoroughly discussed prior to surgery, and preparations made for treatment after surgery as needed. Women with histories of psychological and emotional issues before hysterectomy are more likely to experience psychological problems following surgery. Counseling and support groups should be made readily available to these women.

SUMMARY

Hysterectomy is an appropriate treatment for many female gynecological disorders. The high number of hysterectomies performed on American women clearly shows that less invasive treatments for the most common gynecologic disorders are neither discussed nor offered. This is disproportionately true for Black women and women who live in the Southern United States.

The purpose of this report is to increase awareness among American women of the high rate of hysterectomy in the United States. It is our hope that through education and open discussion, hysterectomies will be performed only in those cases where they are absolutely indicated, and women will be able to obtain effective, less invasive treatments when appropriate.

If you have further questions, or would like more information on alternative treatments for uterine fibroids, endometriosis or uterine prolapse please call Darline Turner-Lee at (512) 288-0827 or e-mail darline@nextstepfitness.com.

References:

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Cynthia Meston, PhD and Andrea Bradford, BA

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