Hysterectomy

Hysterectomy is the surgical removal of the uterus. This is one of the most common gynecologic surgeries in the United States. Approximately 400,000 women have the procedure each year. A woman may undergo a hysterectomy for a variety of reasons. The most common reasons for a hysterectomy are abnormal uterine bleeding, uterine fibroids, and pelvic pain.

In the past, many women have been told that they had a complete hysterectomy or a partial hysterectomy. These terms usually referred to whether the ovaries were removed (complete) or whether they were left in the patient (partial). Since these terms are nonspecific, they are not used today. Whether to remove the ovaries is a very complex decision and is specific to each woman based on her desires and her disease.

Surgical Access

After you make the decision to proceed with a hysterectomy, the next choice that you will make with your surgeon is the surgical access route that he/she will use to complete the procedure. In general, three access routes are available to your surgeon: abdominal, vaginal, and laparoscopic.

In the United States, many hysterectomies still use an abdominal incision to gain access to the uterus. This technique is referred to as a total abdominal hysterectomy (TAH).

Another technique for performing a hysterectomy is by accessing the uterus through the vagina, which is called a total vaginal hysterectomy (TVH). Vaginal hysterectomy is the preferred method of surgical access when compared to abdominal hysterectomy, because it has fewer complications, avoids an abdominal incision, is a faster procedure, and has a shorter recovery time.

However, some patients are not good candidates for a vaginal hysterectomy. Patients with a complicated pelvic history such as endometriosis, large uterine fibroids, ovarian cysts, or extensive or dense adhesions secondary to previous abdominal pelvic surgeries often are not good candidates for a vaginal hysterectomy. In these situations, a laparoscopic approach may be considered.

Laparoscopic hysterectomy (TLH) avoids the painful abdominal incision required for an abdominal hysterectomy. It has also been shown to have less blood loss, shorter hospital stays, and a faster return to normal activities when compared to an abdominal hysterectomy. The laparoscope allows the gynecologic surgeon to view the abdominal and pelvic cavity in extreme detail and access the correct surgical planes during surgery, with minimal blood loss and tissue damage.

At UAB Obstetrics & Gynecology, we are committed to using vaginal or laparoscopic access for hysterectomy whenever possible. These access routes result in the least pain, the fewest complications, and the fastest possible return to work and normal activities.

Hysterectomy

Types of Hysterectomy

Total Abdominal Hysterctomy (TAH)

In this type of hysterectomy, either a vertical or horizontal (bikini) incision is made in the abdomen to access the uterus and cervix. The surgery includes removal of the uterus and the cervix. It does NOT include removal of the ovaries unless specifically outlined in your surgical consent. The abdominal route is usually chosen due to the size of the uterus, suspected adhesions (scar tissue), or due to a suspected malignancy. Following this procedure, you will be in the hospital for 36-48 hours.

Total Vaginal Hysterectomy

In this type of hysterectomy, the uterus and cervix are removed entirely through the vagina. This route, when technically possible, results in the least number of complications of any hysterectomy route. It does NOT include removal of the ovaries unless specifically out-lined in your surgical consent. Most patients can go home the day of surgery.

Laparoscopic-Assisted Vaginal Hysterectomy (LAVH)

This type of hysterectomy describes a technique in which a portion of the procedure is performed laparoscopically and a portion is performed vaginally. Laparoscopic-assisted vaginal hysterectomy (LAVH) is often performed when the surgeon needs to view the pelvis prior to performing a vaginal hysterectomy or when ovarian removal is desired. Most patients can go home the day of surgery.

Laparoscopic Supracervical (or Subtotal) Hysterectomy (LSH)

This procedure involves removal of the uterus only. The cervix is NOT removed. A traditional hysterectomy involves removal of the uterus and cervix (the mouth of the womb). This procedure is done entirely laparoscopically, which means only a few tiny incisions (cuts) are required.

Many women choose to remove only the “diseased” organ (uterus) and therefore wish to retain their cervix. Many people also believe that leaving the cervix will help with sexual enjoyment. However, this belief has not been verified by scientific studies. Two recent studies comparing traditional hysterectomy with subtotal hysterectomy did not identify any differences in the patient’s postoperative sexual enjoyment or function.

LSH is not for women with a recent history of abnormal Pap smears. Since the cervix is not removed, women still need to have regular Pap smears to screen for preinvasive cervical cancer. However, women without a history of abnormal Pap smears undergoing LSH are not at any increased risk of developing cervical cancer. Also, women with a history of pelvic pain are not considered good candidates for this procedure.

Hysterectomy

Total Laparaoscopic Hysterectomy (TLH)

In this type of hysterectomy, the uterus and cervix are removed entirely laparoscopically. The surgeon does not perform any portion of the hysterectomy vaginally. The technique of total laparoscopic hysterectomy involves placement of 3-4 trocars (keyholes) through small incisions ranging from 5-10mm in size. Total laparoscopic hysterectomy (TLH) requires more advanced laparoscopic surgical skills and experience in performing operative laparoscopy than the other techniques. Most patients can go home the day of surgery.

Robotic Hysterectomy

Over the last two decades, surgical robots have been developed to assist the surgeon in performing many procedures. The term "robot" is misleading, since the surgical robot is under the complete control of the surgeon at all times. The robotic arms allow the surgeon greater accuracy and eliminate any tremor. The robotic console also allows for 3-D views of the surgical field. The uterus and cervix and potentially the ovaries can be removed using the DaVinci robotic system. At UAB Obstetrics & Gynecology, we use the DaVinci robot to perform robotic hysterectomy and myomectomy.

Radical Hysterectomy

This procedure is reserved for patients with cervical cancer. The entire uterus and cervix are removed, along with the adjacent tissue and pelvic lymph nodes. This procedure should be performed by a gynecologist specially trained in the treatment of gynecologic cancer, known as gyn-oncologist. UAB Obstetrics & Gynecology has direct access to the UAB Division ofGynecologic Oncology.

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