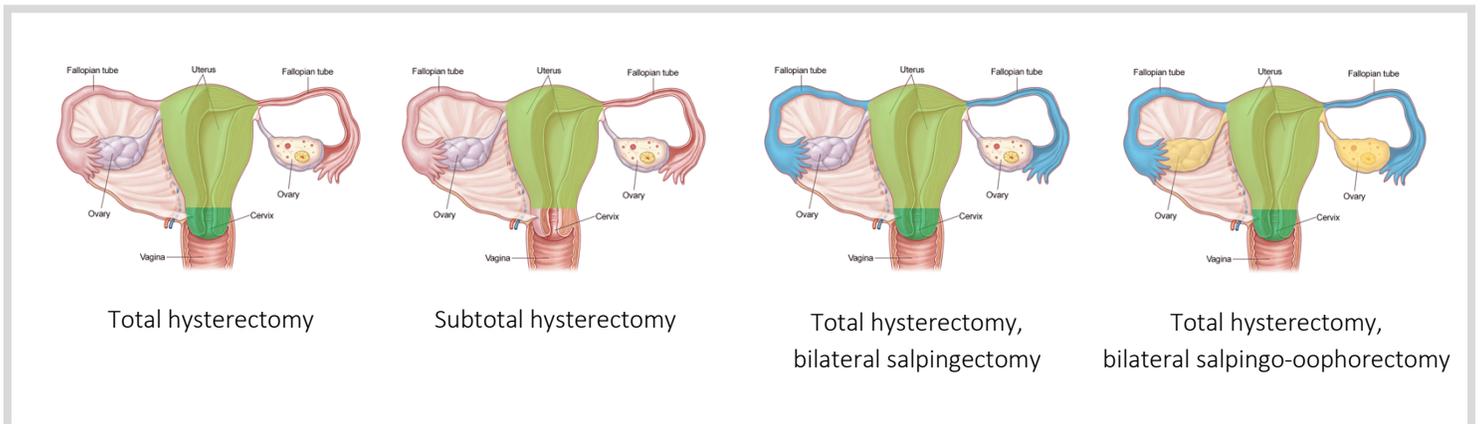
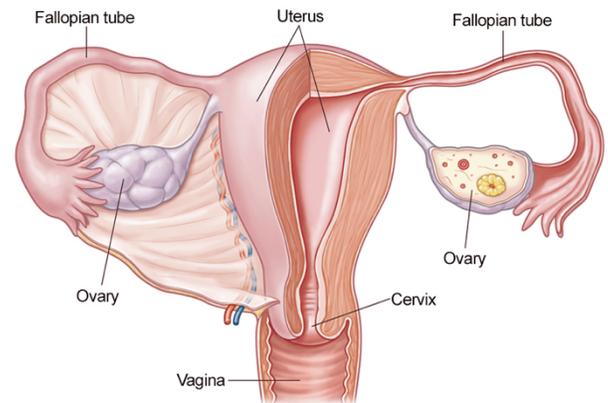




## WHAT IS A HYSTERECTOMY?

A hysterectomy is the surgical removal of the uterus. It is the most commonly performed gynecological surgery in North America. A hysterectomy can be performed for several reasons, including abnormal bleeding, pressure symptoms or pelvic pain, associated with conditions like fibroids, adenomyosis, polyps, endometriosis or pelvic prolapse.

The uterus is generally removed along with the cervix and the fallopian tubes. If indicated, the ovaries can also be removed at the same time.



## HOW IS A HYSTERECTOMY PERFORMED?

A hysterectomy can be performed through the natural orifices, through keyhole incisions, or through a conventional larger skin incision:



**Vaginal hysterectomy and vNOTES**  
(through the natural orifice)



**Laparoscopic hysterectomy**  
(through keyhole incisions)



**Abdominal hysterectomy**  
(through a transverse or vertical incision)

## WHAT SHOULD I EXPECT IN TERMS OF RECOVERY AFTER A HYSTERECTOMY?

Minimally invasive surgery (laparoscopy) has revolutionized the recovery from hysterectomies. Hysterectomies performed by laparoscopy are now day surgeries, meaning that you are able to come in to the hospital on the morning of the surgery and go home a few hours after the surgery is done. The recovery time is approximately 3-4 weeks.

Hysterectomies performed through an abdominal incision require a short admission to the hospital for 2-3 days, and approximately 6 weeks of recovery time.

After surgery, avoid heavy lifting and immersing yourself in water for 1 month, and refrain from intercourse for 8 weeks.

## CAN MY HYSTERECTOMY BE PERFORMED BY LAPAROSCOPY?

We perform the majority of hysterectomies by laparoscopy or through scarless surgery. However, a conventional abdominal surgery may be required, such as for very large fibroids.

## WHAT ARE THE RISKS OF A HYSTERECTOMY?

### ● General Anesthesia

Most hysterectomies are done with general anesthesia, which means being put to sleep and using a breathing tube to help you breathe.

### ● Infection

Generally a small risk for this kind of surgery, however antibiotics will be given intravenously while you are asleep, to decrease the risk of infection.

### ● Bleeding

All patients must be aware of a risk of excessive bleeding and potentially requiring a blood transfusion before surgery. While this is considered a low risk surgery for transfusion, we require signed consent or refusal for blood products prior to surgery.

### ● Blood clots

Walking after surgery is very important to decrease this risk. Additionally, you may be given a dose of anticoagulation during surgery to reduce this risk.

### ● Injury to other organs

Other organs or structures may be injured during surgery including, but not limited to:

- Bowel (small and large intestine)
- Bladder
- Ureters (connecting tubes from kidneys to bladder)
- Blood vessels
- Nerves

If an injury occurs and is identified at the time of surgery, any necessary repairs will be done at the same time. This may seem like an intimidating list – while surgery usually goes very well, without any complication, it is important to be aware of all the risks involved.

For more information, ask your family doctor to send a referral to: 514-856-5607

Or visit [www.muhc-obgyn.com](http://www.muhc-obgyn.com)



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