IS A HYSTERECTOMY ALWAYS NECESSARY?

HYSTERECTOMY (REMOVAL OF THE WOMB) IS THE MOST COMMON MAJOR operation a woman will face in her life. It can have profound physical and emotional effects on the patient, and hence, the reason for the surgery must be carefully considered.

The most common benign indications for hysterectomy are heavy menstruation and uterine fibroids/adenomyosis. Other less common, but equally important reasons for the operation are ovarian tumours, chronic pelvic infections and utero-vaginal prolapse.

Hysterectomy for cancerous growth of the uterus and ovaries are more radical (extensive) in nature, as dissection of lymph nodes and removal of the omentum are included in the surgery. Hence, recovery is usually more prolonged and complications are higher.

Hysterectomy for benign pathologies can be carried out in several ways. The traditional time honored one is via the abdomen through a 10 to 12 cm incision, or via the vaginal route (vaginal hysterectomy). The latter procedure carries NO scar, and is preferred as a first choice (Cochrane Review) if the pathology is suitable and the gynaecologist is competent to do this procedure.

Laparoscopic hysterectomy (key hole surgery) is nowadays the preferred methodology to the abdominal route, as cosmesis is better. Its other advantages are that of less pain, shorter hospitalization and recovery. However, there are limitations to laparoscopic hysterectomy in relations to pathology of the disease and surgical competency. Hence, pre-operative counseling is indispensible.

Patients must be counseled with regarding to complications which can result from the surgery. Blood loss, pelvic and wound infections and urinary tract infection are some of the more manageable complications following hysterectomy. Serious complications like injury to the bladder and ureter, and adjacent anatomies are less often encountered, fortunately.

The ovaries are often conserved in the absence of disease in the premenopausal woman, as they continue to produce hormones even after the uterus is removed. In this instance, there is no need for hormonal replacement, which has remained controversial, though less so now than before.

There is one aspect of hysterectomy which is often overlooked. Some women have "emotional" attachment to their uterus. They feel that they are not whole in its absence. Post hysterectomy "blues", not unlike post-natal blues, do occur. Hence, in the absence of an emergency indication for surgery, it is always prudent to take some time over the decision to undergo the surgery. Always discuss with your gynaecologist other options if available, especially in benign conditions.

As mentioned earlier in this article, the two most common indications for hysterectomy are menstrual abnormalities and uterine fibroids.

These conditions can be conservatively managed by hormonal therapy, cyclical or otherwise, from the onset. Injections of gonadotrophin releasing hormone (GnRH) agonist are useful in controlling intractable menorrhagia with anaemia in patients who are not fit for surgery. These injections have also been used to control bleeding in uterine fibroids when sugery is not appropriate, and to reduce the size of the myoma prior to surgery.

The use of the levonorgestrel releasing uterine system, commonly known as the Mirena IUCD, has significantly reduced the rate of hysterectomy for menstrual abnormalities. It is an outpatient procedure carried out without any analgesia and is also an excellent contraceptive method. Its duration of action is 5 years, and this long action is also beneficial in controlling the progressive growth of small fibroids, when hysterectomy (or myomectomy) is not indicated.

Uterine artery embolization can be an effective treatment of uterine fibroids in women who do not want hysterectomy at all cost. This is an interventional radiological procedure to occlude the blood supply to the uterus. As a result, the uterus with the tumours undergo degeneration.

It can have dire complications, and should not be taken lightly and is definitively not suitable for women when child bearing is desired.

While hysterectomy for malignant pathologies of the female reproductive system is a necessity, its not always so for benign conditions. When faced with such a proposition, always ask your gynaecologist –"Is it necessary?". "Are there conservative alternatives?".

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