



What is a hysterectomy?

A **hysterectomy** is surgery to take out the uterus. In some cases, the ovaries and fallopian tubes also are taken out at the same time. We typically do not remove the ovary at the time of surgery unless there is risk of ovarian cancer or if the ovary appears abnormal during surgery that requires removal.

Based on your body, uterus size, small cuts are made on your belly. These cuts are called incisions. They let the surgeon insert tools to do the surgery. One of these tools is a tube with a light on it. It's called a laparoscope, or scope. The scope and the other tools allow the surgeon to free the uterus. The surgeon then removes the uterus through natural vaginal opening. This is considered a laparoscopic hysterectomy. In certain patients with large fibroids, the surgeon can remove the uterus through a larger abdominal incision (that looks similar to a cesarean section scar).

In a **total hysterectomy**, the surgeon takes out the uterus and the cervix. In a **supracervical hysterectomy**, only the uterus is taken out. **Open Hysterectomy** can also be done for patients with large uterus or history of multiple surgeries that may not be a ideal candidate for laparoscopic surgery. This incision can be placed at your lower abdomen (below your underwear line) and usually is 8-14 cm in length.

Most women go home in 1 to 2 days after surgery. You may need about 4 to 6 weeks to fully recover.

After the surgery, you will not have periods. You will not be able to get pregnant. If there is a chance that you will want to have a baby, a hysterectomy should be avoided and discussion about other treatment options should be done with your physician.

BEFORE YOUR HYSTERECTOMY

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Your surgeon may advise you to take hormone pills if your ovaries are removed. Your surgeon will talk to you about the risks and benefits of hormones. Typically, ovaries are left behind unless they appear to be abnormal or concerning for cancer.

Surgery carries risk associated with anesthesia, intraoperative and post operative complications that are discussed with your surgeon in the office. These risks are small and may allow you relief from problems due to uterine or ovarian issues. Risks of surgery include but not limited to bleeding, infection, damage to nearby organs, post operative pain, poor cosmesis from healing. This surgery probably won't lower your interest in sex. In fact, some women enjoy sex more as they no longer have pain or abnormal bleeding to interfere with their life.

How do you prepare for surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.



Preparing for surgery

- Be sure you have someone to take you home. Anesthesia and pain medicine will make it unsafe for you to drive or get home on your own.
- Understand exactly what surgery is planned, along with the risks, benefits, and other options. These are discussed at length in the office visit prior to your surgery.
- If you take aspirin or some other blood thinner, ask your surgeon if you should stop taking it before your surgery. Make sure that you understand exactly what your surgeon wants you to do. These medicines increase the risk of bleeding.
- Tell your surgeon ALL the medicines, vitamins, supplements, and herbal remedies you take. Some may increase the risk of problems during your surgery. Your surgeon will tell you if you should stop taking any of them before the surgery and how soon to do it.
- **You can shave the night before your surgery to maintain pelvic hygiene.**

What happens on the day of surgery?



- **Do NOT eat or drink after midnight the day before your surgery** unless instructed otherwise. You should take your regular medications on the day of your surgery (such as blood pressure medications etc).
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center



Bring a picture ID.

- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the surgery.



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- The surgery will take about 2 to 4 hours.