Review Article

Hysterectomy - A female Gynecologists perspective

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ABSTRACT

Hysterectomy is the most common surgical operation after cesarean section. Menstrual disturbances and fibroids are the major indications for hysterectomy. Hysterectomy is strongly recommended when there is serious uterine disease such as cancer. However, in benign uterine conditions, such as fibroids, the indication for hysterectomy is questionable. Alternative treatments therefore should be pursued before deciding upon hysterectomy. Counselling the women is mandatory prior to any operation particularly hysterectomy.

Keywords: Hysterectomy, perspective, myomectomy, alternative therapy.


Hysterectomy is an operation around which there has been considerable controversy.\textsuperscript{1,2} The operation is 2nd only to Cesarean Section as the most frequently performed major operation on women in many countries.\textsuperscript{3} There is statistical variation in hysterectomy rates according to geographic, patient-related and physician-related factors.\textsuperscript{4,5} The rates vary tremendously among Western countries, being highest in the United States, and lowest in the Scandinavian Countries.\textsuperscript{6-10}

Indications for hysterectomy for benign diseases are numerous, and include dysfunctional uterine bleeding, fibroids, endometriosis, chronic pelvic pain and chronic pelvic infection.\textsuperscript{11} The proportion that each of these conditions contributes varies from study to study, depending on where it was undertaken. Overall, dysfunctional uterine bleeding is likely to be the main indication in up to 50% of women, fibroids in 40% and endometriosis in under 10\%.\textsuperscript{12} At operation, up to 80% of the pre-operative diagnosis would be expected to be confirmed histologically, with the remainder being completely normal.\textsuperscript{11}

It is pertinent to identify the indications for which hysterectomy is being used, scrutinize their efficacy and the risks involved, and consider if there are alternatives to the procedure. For instance, fibroids are of unique concern to the woman, because they are one of the primary reasons for having a hysterectomy. Fibroids are the most common tumors in females, found in smooth muscle, invariably in the uterus.\textsuperscript{13} Indeed, it is estimated that one in 5 women in the reproductive age have fibroids that are recognizable on pelvic examination.

Is hysterectomy really necessary? Despite the alarming word "tumor" which is applied to fibroids, the chance of these growths becoming cancerous is statistically remote. This gives some physicians a reason to ignore such a possibility. The majority of women having fibroids will probably never develop any significant symptoms. Furthermore, most women can anticipate that when they reach the menopause, their fibroids will stop growing and, with virtual certainty, will reduce in size by as much as 40-60%, as they are hormone dependent.\textsuperscript{13}

In theory, many physicians agree that surgery can be avoided even when the fibroid is as big as a grapefruit. However, surgery is strongly indicated when the condition starts to jeopardize other organs such as the kidneys, especially from pressure effects,
or causes persistent symptomatic anemia from excessive blood loss. In practice however, quite a number of doctors share the view that the only cure for uterine fibroid is hysterectomy, even if critics claim that far too many hysterectomies for uterine fibroid are unnecessary, particularly because most are asymptomatic. On the other hand, reported mortality rates after hysterectomy range from 6 to 11 per 10,000 for indications not involving pregnancy or cancer. In addition, rates of peri-operative complications reported in the largest published series are even higher, although it is considerably lower with vaginal (24.5 per 100 women), than with abdominal (42.8 per 100 women) hysterectomy. This has led to major concerns from some physicians and the public at large, that there is now a public outcry as to why too many hysterectomies are performed. Nevertheless, some gynecologists still share the view that the uterus is a “useless” organ once a woman has had all the children she desires or has passed the child bearing age. In addition it is also considered to be a potentially cancer-bearing organ, and that hysterectomy has no significant adverse health consequences on the woman. However, it must be stated clearly that women do not have uteruses in order that they may have hysterectomies, unless there are no alternatives. Hence, hysterectomy is coming under closer scrutiny in terms of its appropriateness. For example, the lack of consensus concerning the clarity and uniform acceptability of the various indications for hysterectomy tends to complicate efforts to determine which procedures are clearly appropriate. Listing multiple indications for hysterectomy leads to confusion, as it is difficult to understand the primary reason for which the procedure is performed. Therefore, justification for this operation as a treatment for benign uterine condition has not been well established. This is not to disregard the fact that a few reliable studies have been carried out that provide objective justification for many of the generally accepted indications for hysterectomy. From a personal perspective dealing with uterine fibroids has to do with the attitude of the treating gynecologist, the woman’s clear understanding of the situation, the magnitude of the symptoms, and her future wishes. American doctors tend to go for cure and this implies hysterectomy whereas other countries, particularly the European and Mediterranean countries, where a conservative approach is more acceptable, have the lowest rate of hysterectomies. This is because of the difference in style and approach.

It is generally known that myomectomy can be a controversial issue because of the significant concern of recurrence. There seems to be a high consensus that not even the most gifted surgeon can be sure of removing all the fibroids in a uterus. Besides, the uterus that is prone to recurrence of fibroids leaves open the possibility of a new crop of growth, thereby requiring more interventions, possibly hysterectomy, in the future. Nevertheless, recurrence after myomectomy can be minimized in experienced hands, or with adjuvant medical therapy. Previously, there was minimal application of medical therapy in dealing with fibroids. However, women are now becoming aware of this alternative, and given the statistics of morbidity, it is important for women to explore all the other options before resorting to hysterectomy.

Hysterectomy is a major surgical procedure, with potential risks. Between 8 and 15% of women require blood transfusion, which carries the small but significant risk of conveying blood-born diseases, such as hepatitis and AIDS. Furthermore, a range of long-term adverse effects of hysterectomy are reported, including urinary problems bowel disease and sexual dysfunction. Other major concerns include cardiovascular effects and an increased risk of early or more severe menopausal symptoms.

The basis for the operation of the other benign uterine conditions are even more difficult to define. The common and subjective nature of the symptoms and the lack of concise objective measures, leaves doubts as to the decision to operate. This may also be influenced by other factors, such as the doctor-patient relationship. While many women welcome the relief that hysterectomy might bring because of heavy bleeding, intense pain and other discomfort, others who have no symptoms would have nothing to benefit from this. Hence, there should be no indication for such a drastic option of hysterectomy in these later patients.

Many women have claimed that they were led to make a hasty and important decision, often pressurized by their doctors into having hysterectomy, and were therefore, not well informed of the alternatives. There is a growing concern among some physicians and consumers that far too many unnecessary hysterectomies are being performed and this raises some serious concerns. On the other hand, women’s responses to hysterectomy are varied. Whilst some have mood swings, others feel older and unfeminine. This may be as a result of not having been adequately prepared for the possible unpleasant emotional consequences of the operation. It may be difficult therefore to predict the outcome of this operation that is often undertaken without consideration for its consequences.

Beneficial effects that might be expected in the procedure include reduction in the occurrence of cancers. However, whilst hysterectomy for benign diseases are almost invariably undertaken to improve quality of life, measurement of quality of life, general health status and improvements in ability to undertake daily activities have received
little critical evaluation. Of course, this is not to say that one should avoid hysterectomy at all costs. Everyone agrees that in the case of cancer or other major diseases of the uterus, hysterectomy may be the woman's best chance for survival. Similarly, hysterectomy during child-birth, when bleeding can not be stopped, can be a life-saving necessity. However, many hysterectomies are carried out for problems which are not life threatening. Therefore, this procedure should be considered as a last resort, especially when all other alternative forms of treatment are not available, or have failed.

Fortunately now, there are some alternatives to hysterectomy that are available, and which are far less invasive and radical than ever before. Some may be controversial and may or may not be appropriate in all situations, and they all carry risks of their own, but they are worth considering. Myomectomy, for example, is the removal of fibroids from the uterus, leaving a potential organ for reproduction. Though an old and traditional operation, this has been set aside by some gynecologists, and has been over-taken by hysterectomy in the erroneous belief that the latter is possibly an easier operation. The developing alternative approaches of treatment are largely in response to consumer demand for a less drastic approach. Moreover, because of the large number of women involved in the procedure, the morbidity and mortality associated with, as well as the cost of the operation of this procedure has considerable public health importance. For example, one in 3 women in the USA and one in 5 women in the UK have hysterectomy before the age of 60. Our job, as doctors, should be to take the time to thoroughly explain the condition to the woman and discuss the pros and cons of all available treatment options. The belief should be that hysterectomy is a last resort, and that the procedure carries with it all the usual risks of major surgery and possibly more. It is essential therefore to expose the patient to all that may be involved in the procedure of hysterectomy. It is very important for women to be aware that there can be alternatives to hysterectomy. These women have the right to demand clear explanations concerning the problems associated with the procedure of hysterectomies, and what the risks and benefits entail, even among the chosen options. If a woman was advised, or suffers intimidation, by her doctor to have a hysterectomy for a problem other than cancer, there would be no harm in soliciting a 2nd opinion prior to having the surgery. After all, the woman who accepts hysterectomy for a benign condition on the basis of her doctors intimidation, has not made an informed choice.

Since it was first reported that many hysterectomies may be unnecessary, numerous articles in both lay and medical press have reported the overuse, and often inappropriate use, of hysterectomy. The American College of Obstetricians and Gynecologists has recognized the potential for overuse of hysterectomies and had issued guidelines regarding the appropriate indications for hysterectomy.

Many women are not eager to dispose of their wombs so easily, even if they have already finished child bearing. They try to preserve their wombs and ovaries at all costs. It is an insult to the woman to say that the purpose of the uterus is reproduction, and that if it is not being used for reproduction, then it is considered useless. If the woman desires to preserve her reproductive organs beyond the age of childbearing, she should be allowed to do so, no matter how old she is. Many women who undergo hysterectomy have a high propensity towards depression because the uterus is considered the feminine part of her body and without which she feels "castrated". This is particularly so in the Saudi community where there may be fear of rejection by their husbands. It will therefore be wrong to subject these women to such a state as to create another series of medical problems which may require serious and often difficult treatment.

Every effort should, therefore, be made to improve the awareness and informed consent of the population eligible for this elective common surgical procedure to avoid over-use of hysterectomy. The final decision should be the woman's, and she should decide if this surgery is right for her or not. The exception of course is when her life may be in danger, since no one can dispute this instance, when hysterectomy can be life saving.

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