be part of creating your surgery plan

talk about hysterectomy

Shared Decision-making

Shared Decision-making is an open communication process between a doctor and patient and is increasingly recognized as an effective means of arriving at an agreement upon the best treatment strategy for many non-emergency health conditions.

In this process, the physician offers the patient personalized information about treatment options, risks and benefits, and the patient communicates to the physician her values, preferences and concerns related to these variables.

Both parties benefit. Patients who are participants in the decision-making process become better informed, are more likely to comply with treatment regimens, and are more likely to be satisfied with the outcome of their treatment. Doctors are better able to manage patient expectations and develop higher patient trust. Both parties gain satisfaction from knowing that the particular treatment chosen is truly the best one for that particular patient – not only medically, but also practically and psychologically.

Physician → *Shared Decision* ← *Patient*

Physician
- Treatment options
- Risks and Benefits

Shared Decision
- Mutually Acceptable Decision

Patient
- Personal Preferences
- Values and Concerns
- Lifestyle Choices

Shared Decision Making Framework

This guide provides the framework for conducting the doctor-patient shared decision-making about your hysterectomy. On the left page are questions and discussion points for the doctor. On the right page is information for the patient to review at home.

for the *physician*

Putting Her Mind at Ease

Hysterectomy is one of the most common surgeries among women, second only to C-sections.[1] Still, because of the intimate nature of the procedure and the conflicting emotions it may raise, many women feel uncomfortable talking about it. You can put your patient's mind at rest by inviting her to participate in the decision-making process and objectively describing her options based on her personal concerns. Patient education materials and decision aids, many of which are available online, can help facilitate the process.

Explain the Diagnosis

Does your patient understand her diagnosis? Explain what is causing her symptoms and why she may be a candidate for hysterectomy.

Have you considered all less invasive options, such as hysteroscopic or laparoscopic myomectomy, uterine artery embolization, endometrial ablation, pelvic floor repair, or medical management? If there is an option, explain its benefits, risks and success rates. If there isn't an option, explain why.

Explore all Non-medical Considerations

Ask your patient about her lifestyle and occupation, normal activities, family, childbearing status, medical coverage and any other non-medical factors that may influence her decision.

Prompt your patient to express her personal concerns, such as how she feels about recovery, time to resume work and cosmesis.

Describe the Types of Hysterectomy

- Total Hysterectomy
- Partial or Supracervical Hysterectomy
- Radical Hysterectomy
- Bilateral Salpingo-oophorectomy

Indicate which type you recommend for this patient and why.

Discuss the potential impact on the patient's current and future quality of life, e.g. will hysterectomy invoke menopause? Will the cervix remain or not, and what are the implications?

Provide Complication Data

Make sure your patient is aware of the potential for complications during surgery such as adverse reactions to medications, problems with anesthesia, problems breathing, bleeding, blood clots, inadvertent injury to organs and vessels near the uterus, and even death. Put these into perspective for her based on her own medical condition.

Prepare Her for After the Surgery

Explain what your patient can expect after the surgery in terms of recovery time, pain, limitations on activity and when she can resume normal activities, including work and intercourse.

Address any personal concerns your patient may have, such as effects on sexuality and sexual activity, effects on bladder function, psychological effects or other quality of life questions.

Detail the Routes of Hysterectomy

Patients may not understand that hysterectomy can be performed using different surgical techniques. Discuss the types of procedures:

- Total Abdominal Hysterectomy (Open)
- Vaginal Hysterectomy
- Laparoscopically-assisted Vaginal Hysterectomy
- Total Laparoscopic Hysterectomy
- Laparoscopic Supracervical Hysterectomy

Describe the benefits and the risk and success rates of each.

Explain to your patient why she may or may not be a good candidate for a minimally invasive procedure (MIP). In general, minimally invasive surgery is preferable unless there are other factors present that may interfere with its safety and efficacy, such as obesity, adhesions from earlier pelvic surgery or underlying medical conditions. Sometimes a MIP may have to be converted to a TAH due to these or other factors, such as an inability to visualize organs adequately or bleeding problems during the procedure.

Otherwise, minimally invasive hysterectomy (VH, LAVH, TLH and LSH) is the preferred approach because of its proven benefits when compared to an open procedure.

- Less major bleeding[2]
- Fewer post-op infections[2,3]
- Fewer complications[2,3]
- Shorter length of stay[2,4]
- Quicker return to normal activities[4]
- Quicker return to work[4]
- Less scarring
- Comparable or lower cost[2,4]

for the *patient*

Feel Good About Your Decision

The prospect of having a hysterectomy can be daunting, but knowing you are not alone may help. One in three American women will have had a hysterectomy by the age of 60.[1] The best way to prepare for this surgery is to learn as much as you can and discuss your questions and concerns with your doctor. You should feel confident that you and your doctor have explored all your options, that you understand everything fully and that together you are making the decision that is best for you.

Understand Your Diagnosis

Hysterectomies are performed to treat many medical conditions. Be sure you understand the nature of your condition and how a hysterectomy would treat it.

- Endometriosis – growth of the uterine lining cells outside the uterus, in or on the ovaries or in the fallopian tubes; causes pain, cysts, scarring and infertility
- Uterine fibroids – benign tumors that grow in the walls of the uterus; causes excessive pressure, pain and bleeding
- Uterine prolapsed – the uterus is normally held in place by a web of muscles and connective tissues that act like a hammock; these shift and move into the vagina when weak or damaged
- Ovarian, uterine or endometrial cancer – abnormal cell growth in one of these organs; removal is the typical treatment to stop the spread of the cancer

What Type of Hysterectomy is Best for You

Your physician has likely recommended a type of hysterectomy based on your medical condition and the non-medical considerations you have shared. These procedures are different based on the reproductive system organs that are removed during the surgery.

- Total Hysterectomy – removes the uterus and cervix
- Partial or Supracervical Hysterectomy – removes the uterus but preserves the cervix
- Radical Hysterectomy – removes the uterus, cervix, upper part of the vagina and supporting tissues and lymph nodes
- Bilateral Salpingo-oophorectomy – performed in combination with hysterectomy to remove the ovaries and fallopian tubes

New surgical techniques and tools are changing the way hysterectomies are performed. In the past, they were performed using a large abdominal incision, sometimes called a "bikini cut." Today, minimally invasive techniques make it possible to use cameras and specialized instruments to perform the surgery through small incisions.

Your physician may recommend an MIP. It offers patients several proven benefits when compared to an open procedure.

- Less major bleeding[2]
- Fewer post-op infections[2,3]
- Fewer complications[2,3]
- Shorter length of stay in the hospital[2,4]
- Quicker return to normal activities[4]
- Quicker return to work[4]
- Less scarring
- Comparable or lower cost[2,4]

Exploring the Complications

All surgeries carry some risk. These will depend on your medical condition, age and the experience of your surgeon. Minimally invasive hysterectomies have been associated with a lower risk of post-operative infection, less pain and a faster recovery.[2-4] Abdominal hysterectomy has a greater potential for muscle injury and a post-operative incisional hernia. Typical complications, include:

- Adverse reactions to medications
- Breathing problems
- Blood clots
- Death (rare)
- Problems with anesthesia
- Bleeding
- Inadvertent injury to organs and vessels near the uterus

After Recovering Surgery

Your recovery will be dependent on the type and route of the hysterectomy you undergo.

Vaginal Hysterectomy

- 0 to 3 days in the hospital[4]
- 4-week recovery
- No external scar

Laparoscopic Hysterectomy

- 0 to 3 days in the hospital[4]
- 4-week recovery
- Minimal scarring

Abdominal Hysterectomy

- 3 to 5 days in the hospital[4]
- 6-week recovery
- 4 to 6-inch scar

Ask your physician if the procedure you are having will invoke menopause. Ask your doctor if you should continue having annual pap smear tests. It's also important to know what symptoms are typical.

hysterectomy

Asking the right questions

Never be afraid to ask questions if there is something that you don't understand. In addition to the topics covered here, you should know that minimally invasive surgery requires special training and expertise.

Talk to your doctor and become an active partner to develop the surgical plan that's right for you.

You should feel free to ask your surgeon:

- How many minimally invasive hysterectomies have you performed?
- How long have you been doing these surgeries?
- How many of each procedure have you done?
- What type of minimally invasive training have you had?
- How long do you expect my hospital stay to be?
- How long do you expect my recovery to be?

These websites offer more information:

- www.hysterectomyoptions.com
- www.mipinfo.com
- www.aagl.org
- www.acog.org
- www.hystersisters.com

Official Recommendations

The American Congress of Obstetricians and Gynecologists (ACOG) issued a Committee Opinion in 2009 that examined evidence on the route of hysterectomy for benign (noncancerous) disease. The Committee recommended that vaginal hysterectomy surgery be considered the route of choice, with laparoscopic hysterectomy also considered a viable alternative to abdominal surgery. The Committee Opinion lists the strengths and weaknesses of each approach and cites evidence.[5]

It is the position of The American Association of Gynecologic Laparoscopists (AAGL) that most hysterectomies for benign disease should be performed either vaginally or laparoscopically and that continued efforts should be taken to facilitate these approaches. Surgeons without the requisite training and skills required for the safe performance of VH or LH should enlist the aid of colleagues who do or should refer patients requiring hysterectomy to such individuals for their surgical care.[6]

[1] Centers for Disease Control and Prevention: Hysterectomy Surveillance – United States,1994-1999.

[2] Warren L et al. Open abdominal versus laparoscopic and vaginal hysterectomy: analysis of a large United States payer measuring quality and cost of care. *J Minim Invasive Gynecol.* 2009;16(5):581-88.

[3] Brill A, Ghoush K, Gunnarsson C, Rizzo J, Fullum T, Maxey C, Brossette S. The effects of laparoscopic cholecystectomy, hysterectomy, and appendectomy on nosocomial infection risks. *Surg Endosc.* 2008 Apr 22(4):1112-8.

[4] Roumm A R, Pizzi L, Goldfarb NI, Cohn H. Minimally Invasive, Minimally Reimbursed? An Examination of Six Laparoscopic Surgical Procedures. *Surg Innov* 2005; 12; 261.

[5] "ACOG Committee Opinion No. 444: Choosing the Route of Hysterectomy for Benign Disease." *Obstet Gynecol.* November 2009, No. 444, Issue 5, ppg 1156-1158.

[6] "AAGL Position Statement: Route of Hysterectomy to Treat Benign Uterine Disease." *J Minim Invasive Gynecol.* 2010.

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