

By Red Alinsod, M.D.



Laparoscopic Hysterectomy: A

Better

Way



Improvements
in technology
mean less-
invasive options
with a shorter
healing time

Free Community Lecture: If You Absolutely Need a Hysterectomy

Hysterectomy is a very common surgical procedure, but like any surgery, it has its risks and benefits. Join us for a free community lecture by noted Orange County urogynecologist and pelvic surgeon Red Alinsod, M.D., to learn more about the pros and cons of all types of hysterectomy, including the newest laparoscopic procedures. Dr. Alinsod will also answer your questions about incontinence and pelvic prolapse.

Tuesday, Feb. 21, 6:30 p.m. to 8 p.m.

Tuesday, March 21, 6:30 p.m. to 8 p.m.

Tuesday, April 18, 6:30 p.m. to 8 p.m.

South Coast Medical Center

31872 Coast Highway

Laguna Beach

Registration: Call (949) 499-7202 or go
online to SouthCoastMedCenter.com



Red Alinsod, M.D.

Thousands of hysterectomies are performed every year for a variety of reasons. Abnormal bleeding, fibroids, pelvic pain and fallen uterus are the most common reasons women seek removal of their uterus.

Hysterectomy is an ideal option if more conservative, less invasive, options have failed and the patient has no desire to bear more children. The conventional hysterectomy involves a skin incision, either along bikini line or up and down, to reach the uterus and other pelvic structures. Tissues are clamped, cut and removed, then the incision is closed with sutures or staples, or it is glued and taped shut.

The hospital stay with this approach is typically two to four days after surgery, and recovery takes six to eight weeks. In this time, the patient may experience significant discomfort and pain in the area of the incision.

With the cervix removed, there is a large opening at the top of the vagina that is sutured shut. Healing of the vagina produces a discharge and some light bleeding, and the patient should not have sex for six weeks.

Faster Recovery, Less Pain

A newer technique developed over the past few years has minimized the trauma and healing time of hysterectomies. This technique, called laparoscopic hysterectomy, is made possible by a device called a laparoscope, which allows the surgeon to view the inside of the abdomen via small abdominal incisions. Images from inside the abdomen are projected through a TV monitor in the surgical suite.

Under direct view, the tissues surrounding the uterus can be cauterized and cut without the use of sutures. Typically, this surgery is completed by the surgeon removing the cervix and uterus through the vagina, which gives the technique its other common name: laparoscopically assisted vaginal hysterectomy (LAVH).

Laparoscopic hysterectomy still leaves an opening at the top of the vagina that needs to be closed. So although the discharge and bleeding are the same as with the conventional surgery, pain is generally less, the hospital stay is shorter and recovery is faster.

An Improvement on the Improvement

A recently introduced invention called a morcellator enables surgeons to remove the uterus, and even the ovaries, without having to make large abdominal incisions. In this newest technique, the uterus is cut away from the cervix and the cervix stays in place, eliminating the opening at the top of the vagina that occurs with other hysterectomy techniques. After the uterus and cervix are separated, the uterus is morcellated, or made into little pieces that can easily be removed.

Compared to open surgery, this laparoscopic approach results in a shorter hospital stay, faster recovery, smaller visible scars, less internal scarring, less pain and a lower complication rate when performed by an experienced surgeon. The surgery can be completed in less than an hour, and the hospital stay is rarely more than overnight. Since the cervix remains with this procedure, regular Pap tests are recommended. ❖

What Is a Hysterectomy?

The surgical procedure to remove a woman's uterus (also known as the womb) is called hysterectomy. It is the second-most-common surgery among women in the United States, topped only by Caesarean-section (C-section) surgery to deliver babies.

Sometimes other reproductive organs are removed at the same time as the hysterectomy. When the cervix is removed along with the uterus, the procedure is called a "complete" or "total" hysterectomy.

If only the upper part of the uterus is removed, leaving the cervix in place, the procedure is called a "partial," "subtotal" or "supracervical" (pronounced "soop-ruh-SER-vuh-kul") hysterectomy. (This is the type of hysterectomy described in the accompanying article.)

Another procedure, called a "radical" hysterectomy, removes the uterus and cervix, as well as the upper part of the vagina and supporting tissues. This surgery is often performed when certain types of cancer are present.

In many cases, one or both of a woman's ovaries and fallopian tubes are also removed during the hysterectomy. When both ovaries and both tubes are removed, it is called a "bilateral salpingo-oophorectomy."

Learn More About Hysterectomy and Women's Health

For more information about hysterectomy, as well as a wide variety of other women's health topics, visit these Web sites:

- The National Women's Health Information Center—4woman.gov (or call **800-994-WOMAN**)
- Hyster Sisters® (hysterectomy support group online)—hystersisters.com
- MedlinePlus hysterectomy page—www.nlm.nih.gov/medlineplus/hysterectomy.html
- Centers for Disease Control (CDC) hysterectomy page—www.cdc.gov/reproductivehealth/WomensRH/Hysterectomy.htm
- New York State Department of Health hysterectomy page—www.health.state.ny.us/nysdoh/consumer/women/hyster.htm
- ACOG (The American College of Obstetricians and Gynecologists)—acog.org
- AHRQ (The Agency for Healthcare Research and Quality)—ahrq.gov