A Permanent Solution

Among all available options, hysterectomy is the only permanent solution to uterine fibroids.

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Each year in the United States, doctors perform about 300,000 hysterectomies on women with uterine fibroids. The surgery, which entails the removal of part or all of the uterus, is one of the most prevalent among adult women and the second most common operation among women of childbearing age. It is also considered by some physicians to be a cure for uterine fibroids. However, those who wish to one day have kids prefer options that won't permanently affect their fertility and overall well-being.

"Patients seeking information about fibroid treatment other than removing their uterus tell us that they have received little if any information on hysterectomy alternatives and the risks that a major surgery poses," says Yan Katsnelson, MD, founder of Fibroid Fighters Foundation, an advocacy group dedicated to educating the public about the impact of fibroid disease and safe and effective minimally invasive treatments for the condition.

Depending on her medical situation, when a woman undergoes a hysterectomy, she may have either a part or all of her uterus removed. The latter procedure, called a radical hysterectomy includes the removal of tissues on the sides of the womb and the cervix.

A permanent solution to uterine fibroids and the problems caused by these usually noncancerous tumors, hysterectomy is considered by many doctors to be the most effective way to treat the condition.

The surgery is also used to resolve endometriosis, a disorder that occurs when tissue such as the one that lines the uterus grows outside the area. Hysterectomy is also used to treat endometrial hyperplasia, a thickening of the uterine lining; uterine prolapse, a collapse of the uterus into the vagina; obstruction of the bladder or intestines by the uterus; and endometrial cancer.

Many women with fibroids aren't bothered by them. But the condition can be dangerous if the tumors grow and press on certain organs, block the fallopian tubes, or trigger heavy menstrual bleeding or chronic pain in the pelvic area.

When determining whether a hysterectomy is the best option for a woman with uterine fibroids, a physician will consider overall health and reproductive goals.

In a traditional open surgery hysterectomy, a surgeon removes the uterus via an incision across the belly. In a minimally invasive procedure, such as a vaginal hysterectomy, the uterus is removed via an incision in the vagina.

Surgeons can also use a laparoscope—a tube with an attached camera—and surgical tools inserted through small cuts in the belly to perform a laparoscopic hysterectomy. Known as “keyhole surgery,” this is a way for doctors to remove a woman’s womb, cervix and any other parts of her reproductive system.

However, not everyone is a candidate for minimally invasive procedures, so women should discuss all options with their doctor for the best surgical outcomes.

Most often, women who undergo a hysterectomy experience relatively few issues after surgery. However, any kind of hysterectomy is major surgery that involves risks such as wound infection, blood clots and hemorrhage.

Specific complications from hysterectomies may include urinary incontinence, vaginal prolapse (the vagina protruding outside the body) and chronic pain.

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