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The Choice of Subtotal (leaving the Cervix) or Total (removal of Cervix) Hysterectomy

Introduction

When a woman decides to have an abdominal hysterectomy (removal of the womb through the abdomen) for a benign condition, it is important for her to consider whether she should keep her cervix or to have it removed at the time of the operation. Total hysterectomy involves removal of the body and the neck (cervix) of the womb, while subtotal hysterectomy concerns with the removal of only the body of the womb, leaving the cervix behind. This leaflet will provide information that enables the right decision to be made by the woman.

What is the cervix?

The cervix or neck of the womb is the lowest portion of the womb and is cylindrical in shape, pointing down into the vagina. It is two to three centimetres long and contains a narrow canal opening into the uterus via the internal os (the hole in the middle of the cervix). The cells of the canal of the cervix contain lots of glands producing mucus which forms into a clear vaginal discharge. The mucus is secreted under the influence of the hormonal changes of the menstrual cycle, becoming more profuse at the time of ovulation.

Discussion

Hysterectomy disrupts the intimate anatomical relationship between the womb, bowel, bladder, vagina and inevitably the local nerve supply. Therefore it is conceivable that hysterectomy may alter the function of these organs - such changes being either beneficial or unfavourable.

Bladder function following hysterectomy

Hysterectomy involves separation of the bladder from the womb before the womb is removed - this is more extensive in total than in subtotal hysterectomy. It has been reported that if a woman experiences incomplete emptying of her bladder before a hysterectomy this improves following surgery but to a greater extent following subtotal rather than total.

Similar trends have been found for urinary incontinence and frequency of passing urine. Some research has therefore concluded that a subtotal hysterectomy is more advantageous.

Urinary tract infections are less common following a subtotal hysterectomy because there is less mobilisation of the bladder during this procedure.

Bowel function following hysterectomy

There has been no significant difference in bowel symptoms reported following either subtotal or total hysterectomies. Hysterectomy has little effect on the symptoms experienced with irritable bowel syndrome. Some women report more infrequent bowel action and firmer stools following hysterectomy but others report an improvement in their constipation - there is no difference in these reports following either subtotal or total hysterectomy.

Effect on female sexuality following hysterectomy

It is possible that the anatomical changes induced by a hysterectomy might affect sexuality - that it might interfere with lubrication and orgasm. It may depend on the type of orgasm a woman experiences as to the effect a hysterectomy may or may not have. If a woman experiences an internal orgasm (a cervical orgasm due to stimulation of the nerve endings) then this will be affected if the cervix is removed, as in total hysterectomy. However, if a woman experiences an external orgasm through clitoral stimulation then it may not be affected after either type of hysterectomy.

If the cervix is removed a woman may experience increased vaginal dryness as the cervix produces some of the mucus that keeps the vagina moist. The woman may also experience slight vaginal shortening which may or may not affect sexual activity. However, women also report an improvement in sexual activity following either type of hysterectomy as they are free of the symptoms from which they previously suffered such as menorrhagia (heavy bleeding) and dysmenorrhoea (painful periods). There is also no worry about becoming pregnant.

Cervical cancer following hysterectomy

Cervical cancer is the third commonest female cancer in the UK - but fortunately most cervical cancers can be prevented due to the screening programme which recognises abnormalities in the cells of the cervix before they become cancerous.

If a woman has a subtotal hysterectomy, there remains a risk of developing cancer of the cervical stump that is left behind. However, the chance of cervical cancer happening is small due to the effective screening programme.

It is therefore important for the woman to have regular cervical smear tests after a subtotal hysterectomy. This is however not necessary in most women having a total hysterectomy as the risk of cervical cancer has virtually been removed.

If further surgery is required (for whatever reason) at a later date to remove the cervical stump after a subtotal hysterectomy, there may be increased difficulty due to scarring. This may lead to an increased risk of damage to the bowel, bladder or ureters (tubes that drain urine from the kidneys to the bladder).

Complications following hysterectomy

The risk of injury to the ureters (tubes that drain urine from the kidneys to the bladder, and which passes by the cervix in close proximity in the pelvis) is reduced when a subtotal hysterectomy is performed, due to the less extensive dissection required when the cervix is conserved.

It has been reported that women experience less wound infections and haematomas (collections of blood under the wound) following subtotal hysterectomy as there is less bleeding during this operation.

Vaginal bleeding after a subtotal hysterectomy

Although a subtotal hysterectomy removes most, if not all, of the body of the womb, very occasionally a small amount of the inside lining of the womb (called endometrium) may be left behind just adjacent to the top of the cervix. These small areas of endometrium may continue to respond to the cyclical hormones produced by the ovaries. This may therefore lead to slight bleeding on a cyclical basis - like a very light period. Complete cessation of menstrual periods cannot therefore be guaranteed following a subtotal hysterectomy.

Conclusion

When a hysterectomy is performed for a benign condition, the choice of whether to remove or keep the cervix rests with the woman herself, with the help of her gynaecologist. This information leaflet aims to clarify some of the issues associated with the removal of the cervix at the time of hysterectomy. Any queries concerning any of the points raised in this leaflet should be discussed with your gynaecologist before the hysterectomy.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
David Chui and Dexter Pascall Consultant Obstetrician and Gynaecologist

The directorate group that have agreed this patient information leaflet:
Guideline Implementation Group

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