HYSTERECTOMY FOR BENIGN GYNECOLOGICAL CONDITIONS

The Conditions

A wide variety of benign (non-cancerous) conditions can affect a woman’s reproductive system, which consists of the uterus, the vagina, ovaries and fallopian tubes. Most of these conditions affect the uterus, which is the hollow, muscular organ that holds a baby as it grows inside a pregnant woman.

Common types of gynecologic conditions like fibroids (non-cancerous growths in the uterine wall), endometriosis (non-cancerous growths of the uterine lining) or prolapse (falling or slipping of the uterus) can cause chronic pain and heavy bleeding, as well as other disabling symptoms.

Women who experience these symptoms are often treated with hysterectomy - the surgical removal of the uterus. In fact, this procedure is the second most common surgical procedure for women in the United States, and an estimated one third of all U.S. women will have a hysterectomy by age 60.¹

The Treatment

Your doctor might recommend a hysterectomy to treat your condition. Hysterectomy can sometimes be performed through the vagina. However, when the uterus is large or if you have internal scarring from prior surgery or other conditions, abdominal hysterectomy is usually performed.

Traditionally, abdominal hysterectomies are performed with open surgery, which requires a wide incision below the navel. This procedure can be painful, involving heavy pain medications, risk of infection and significant blood loss. After surgery, a long recovery (often 6 weeks) is necessary. In addition, many patients are not happy with the scar left by the incision.

While hysterectomy is a relatively safe procedure, it may not be appropriate or necessary for all individuals or conditions. Alternative treatments that preserve the uterus may be available. For example, robotic-assisted myomectomy may be an option for women with fibroids who want to preserve their fertility and/or uterus. Always ask your doctor about all treatment options, as well as their risks and benefits.
MYOMECTOMY FOR UTERINE FIBROID REMOVAL

The Condition

A uterine fibroid is a common type of benign (non-cancerous) tumor that develops within the uterine wall. Uterine fibroids occur in up to one third of all women and are the leading reason for hysterectomy (removal of the uterus) in the United States. One in five women older than 35 years has a uterine fibroid. An estimated 600,000 hysterectomies are performed in the United States annually, and at least one third are for fibroids.

Uterine fibroids may grow as a single tumor or in clusters. They often increase in size and frequency with age, but then revert in size after menopause. While not all women with fibroids experience symptoms, symptoms may include excessive menstrual bleeding, pelvic pain and infertility.

The Treatment

A common alternative to hysterectomy is myomectomy — or surgical removal of uterine fibroids. This procedure preserves the uterus, and may be recommended for women who could become pregnant. Myomectomy is often performed through a large abdominal incision. After removing each fibroid, the surgeon carefully repairs the uterus to minimize potential bleeding, infection and scarring. Proper repair of the uterus is critical to reducing the risk of uterine rupture during pregnancy.

SACROCOLPOPEXY FOR UTERINE OR VAGINAL VAULT PROLAPSE

The Condition

120,000+ cases of uterine and vaginal vault prolapse are surgically treated each year in the U.S.1,2,3

Prolapse (or falling) of any pelvic floor organ (vagina, uterus, bladder or rectum) occurs when the connective tissues or muscles within the body cavity are weak and unable to hold the pelvis in its natural orientation.

The weakening of connective tissues accelerates with age, after child birth, with weight gain and strenuous physical labor. Women experiencing pelvic organ prolapse typically have problems with urinary incontinence, vaginal ulceration, sexual dysfunction and/or having a bowel movement.

Women with moderate to severe uterine or vaginal vault prolapse can experience prolapse through their vagina (externally), as shown in the diagrams below.

The Treatment

Sacrocolpopexy is a procedure to surgically correct vaginal vault prolapse where mesh is used to hold the vagina in the correct anatomical position.

This procedure can also be performed following a hysterectomy to treat uterine prolapse to provide long-term support of the vagina.

Sacrocolpopexy has traditionally been performed as an open surgery. A 15-30 cm horizontal incision is made in the lower abdomen in order to manually access the intra-abdominal organs, including the uterus.


This brochure is provided for general information purposes only. If you have questions about the procedures, the da Vinci Surgical System, or the information in this brochure, please talk with your doctor.
ROBOTIC-ASSISTED SURGERY

If your doctor recommends hysterectomy, myomectomy or sacrocolpopexy, you may be a candidate for innovative, less invasive, robotic-assisted surgery. These procedures use the state-of-the-art da Vinci® Surgical System designed to help your doctor perform the most precise and least invasive procedure available today.

For most women, robotic-assisted gynecologic surgery offers numerous potential benefits over traditional surgical approaches, including:

- Significantly less pain
- Less blood loss and need for transfusion
- Less risk of infection
- Shorter hospital stay
- Quicker recovery and return to normal activities
- Small incisions for minimal scarring
- Less time between surgery and follow-on treatments
- Better outcomes and patient satisfaction, in many cases
- Uterine preservation for robotic assisted myomectomy

As with any surgery, these benefits cannot be guaranteed, as surgery is patient- and procedure-specific.

Surgeons practicing at Sacred Heart are part of a growing number worldwide who have been successfully trained in providing leading-edge treatments such as the robotic assisted procedures featured here. These procedures are setting new standards for the surgical treatment of gynecologic conditions.

For more information on robotic assisted surgery, please visit:

www.peacehealth.org/roboticsurgery

Call 877-291-2362 to speak with our Surgery Coordinator.
**THE TECHNOLOGY**

The *da Vinci* Surgical System is designed to provide surgeons with enhanced capabilities, including high-definition 3D vision and a magnified view. Your doctor controls the robotic surgery system, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside your body. Though it is often called a “robot,” *da Vinci* cannot act on its own. Instead, the surgery is performed entirely by your doctor.

Together, robotic technology allows your doctor to perform complex procedures through just a few tiny openings. As a result, you may be able to get back to life faster without the usual recovery following major surgery.

The *da Vinci* System has been used successfully worldwide in hundreds of thousands of procedures to date.

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**TAKE THE NEXT STEP**

Questions about the robotic-assisted surgery program at Sacred Heart? Need more information? Would you like to make an appointment with the surgeon? Please contact our Surgery Coordinator to take the next step.

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(877) 291-2362

Email: 
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Web: 
www.peacehealth.org/roboticsurgery

Sacred Heart Medical Center
*PeaceHealth*

Smaller incisions. Faster recovery times.

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