

Not Your Mother's Hysterectomy

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Hysterectomies have come a long way, and UC San Diego Medical Center patient Jane Weinman couldn't be happier. When the 47 year-old El Cajon resident developed painful uterine fibroids she was told she would likely have to undergo a conventional hysterectomy, something she did not relish.

"I really didn't want to have a hysterectomy but I also didn't have a lot of choices, my symptoms were out of control," says Weinman.

When she was hospitalized for fibroid-related bleeding in early February 2005, Homer Chin, MD, Director of UC San Diego Health System's Division of Obstetrics and Gynecology, reviewed her case and discussed treatment options with her. Chin suggested that if her ultrasound indicated her fibroids were not too large she might be a candidate for a laparoscopic hysterectomy, a minimally invasive procedure that would allow her to be back on her feet in a much shorter time than conventional surgery.

"The major benefits of performing these procedures are minimal pain due to smaller incisions, a shorter recovery period, and an overnight hospital stay," said Chin.

The ultrasound confirmed Weinman's suitability, setting the path for Chin to perform the minimally invasive procedure at UC San Diego's Thornton Hospital in La Jolla. After only one night in the hospital, Weinman went home. Although she was sore initially, she recovered quickly and two weeks later she resumed driving, shopping and going on errands.

"Had she undergone a conventional hysterectomy," Chin says, "she would have been hospitalized for 3-4 days, would have been in significantly more pain during recovery, and would not have gotten back to her old activities for several weeks. The procedure is almost outpatient, and lets the patient return to normal pursuits very quickly."

Chin explains that rather than make a minimum six - eight inch incision through several abdominal layers, he inserts a laparoscope and surgical instruments through three small abdominal incisions each measuring less than an inch. During the procedure, he removes the uterus, leaving the cervix and ovaries intact, unless the ovaries need to be removed. Because of the small size of the

incisions, a skin glue can be used instead of traditional suturing; this results in decreased pain in the post-operative period.

“Laparoscopic hysterectomy can be performed on many patients who require a hysterectomy. However, not every patient is a candidate,” says Chin. “Patients who need a hysterectomy and have cancer, extremely large fibroids, large ovarian tumors, or pelvic adhesions may not be candidates for laparoscopic hysterectomy.”

Physicians now perform two types of laparoscopic hysterectomies – a total, which removes the uterus and cervix, and a subtotal that leaves the cervix intact. Chin says he recommends that patients with histories of abnormal pap smears undergo total laparoscopic hysterectomy, while a patient without such a history can undergo either. Ovaries can be preserved or be removed in both procedures.

Chin says that he also uses the minimally invasive method for a surgical procedure that removes fibroids while preserving the uterus, called a myomectomy. Like the hysterectomy, patients go home the next day. However, not all patients who request myomectomy are candidates. Factors that must be considered include the size, location, and number of the fibroids as well as the patient’s desire for future pregnancies.

Times have certainly changed. For women needing these procedures, the days of lengthy hospital stays, and long, painful recoveries is no longer the only option.

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