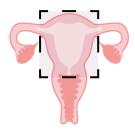
Types of Hysterectomy

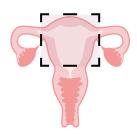


The type of hysterectomy, and how the hysterectomy will be performed will depend on the reason you are having surgery. Your surgeon will discuss with you why you require surgery as well as benefits, risks and alternatives to hysterectomy. Your doctor will also discuss whether they recommend removing other structures such as the ovaries, fallopian tubes, and cervix along with the uterus.



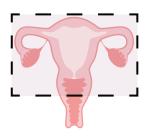
Total Simple Hysterectomy

The uterus and cervix will be removed in a total (simple) hysterectomy. The fallopian tubes are also typically removed during this surgery. The ovaries may or may not be removed.



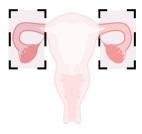
Subtotal (Supracervical) Hysterectomy

The uterus will be removed, but the cervix will be left in place. The fallopian tubes are typically removed during this surgery. Ovaries may or may not be removed. If the cervix is not removed, you will need to continue to have screening pap tests.



Radical Hysterectomy

Often performed in the context of some cancers. In this surgery, the uterus, cervix, upper vagina, and surrounding lymph nodes will be removed. This is often accompanied by removal of the fallopian tubes and ovaries.



With Bilateral Salpingo-oophorectomy (BSO)

Hysterectomy surgeries can also involve removal of the fallopian tubes and/or the ovaries. There is research suggesting some ovarian cancers start in the fallopian tubes. As such, most hysterectomies involve removal of the fallopian tubes. However, removal of the ovaries should be a shared discussion between you and your surgeon. Depending on your age, diagnosis and family history, your surgeon may recommend removing your ovaries at the time of your hysterectomy.

References

1. Lefebvre G, Allaire C, Jeffrey J, Vilos G. No. 109-Hysterectomy. J Obstet Gynaecol Can. 2018 Jul; 40(7):e567-e579.

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