The Hidden and Life-Threatening Risks from Hysterectomy That Women are Never Told

by
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According to the American College of Obstetrics and Gynecology, more than 600,000 hysterectomies are performed each year in the United States alone.

Hysterectomy is the most frequently performed major gynecologic surgery, yet not one woman is warned of the most serious and life-threatening risk of the operation.

To comprehend this risk, it is important to understand that the uterus is a large, muscular organ, which forms a continuous structure with the fallopian tubes, ovaries, and mesentery, or broad ligaments, that attach to the pelvic side walls.

During hysterectomy, the uterus and the support structures that connect it to the bony pelvis are removed, and the top of the vagina is sutured closed.
The uterus is a keystone organ that separates the abdominal cavity from the pelvic cavity. When it is removed, loops of small bowel come to rest directly on top of the sutured vagina.

Every time we take an in-breath, we create a tremendous amount of internal pressure. In normal anatomy, this pressure pushes the uterus and bladder forward against the lower abdominal wall. In this way pelvic organ prolapse, a condition in which the pelvic organs are forced into the vaginal space, is prevented.

Without the stabilizing effect of the uterus, internal forces tend to push the intestines toward the vaginal opening. The vagina then is turned inside out, resulting in a massive bulge containing loops of small bowel. This condition is called “vaginal vault prolapse”. Case studies dating back to 1960 suggest that vaginal vault prolapse occurs in up to 43% of post-hysterectomy women\(^2\).

This condition must be responded to surgically, and the most common treatment is an operation called sacrocolpopexy, in which the top of the vagina is tethered to the sacral spine by way of a polypropylene mesh bridge. Vault prolapse is so common that many surgeons choose to perform sacrocolpopexy as a preventative measure at the time of hysterectomy.

The term vaginal vault prolapse is really a euphemism for a closed evisceration, because the intestines have fallen outside the body. The real and present danger of hysterectomy arises when the sutures that hold the top of the vagina closed dehisce, or come apart.
Vaginal dehiscence can occur at any time after hysterectomy, and has been reported as early as 3 days, and as late as 30 years after the surgery. The average age of women who experience vaginal dehiscence is 48 years, and the first symptoms are abdominal pain, vaginal bleeding, or a watery discharge.

After vaginal dehiscence the bowels spill outside the body through the vagina, creating a life-threatening emergency. Immediate surgical intervention is required to prevent peritonitis, sepsis, bowel injury, necrosis, and death.

Cases of vaginal dehiscence reported in the gynecologic literature show that 8% to 48% occur after sexual intercourse, 16% to 30% after defecation, coughing or sneezing, and up to 70% occur spontaneously.

Vaginal evisceration has been a risk of hysterectomy since the operation was first performed. A similar risk profile exists for vaginal and abdominal hysterectomy. However, women need to be aware that the new, commonly performed robotic total laparoscopic hysterectomy is associated with increased risk of vaginal dehiscence and small bowel evisceration.

During robotic hysterectomy the top of the vagina is closed using electrocauterization, which damages vaginal tissues. According to researchers, “The use of thermal energy in addition to other factors unique to laparoscopic surgery may be responsible”. Vaginal dehiscence has been reported to occur in 4.93%, or almost 1 in every 20 of these surgeries!

The American College of Obstetricians and Gynecologists recently recommended that surgeons should return to traditional forms of hysterectomy to prevent vaginal dehiscence. Despite these recommendations, total laparoscopic hysterectomy and robotic hysterectomy are becoming increasingly common.

Currently, there is no consensus regarding the ideal method of repair after vaginal dehiscence or evisceration, and there are many case reports in the literature describing repeat dehiscence.
Women can protect themselves from the disastrous condition of vaginal evisceration by learning how to recreate the natural dynamics of pelvic organ support. Only at Whole Woman is female anatomy correctly described and the Whole Woman approach is the only reasonable response to a morbid condition that has no definitive surgical cure.

Women undergo hysterectomy for a variety of reasons. What’s done is done. But it is unconscionable that doctors do not inform women of the serious and life-threatening risks of hysterectomy.

In the *Saving the Post-Hysterectomy Woman* video course, these principles and practices are explained in detail.

Sources

1.  [http://www.acog.org/-/media/NewsRoom/MediaKit.pdf](http://www.acog.org/-/media/NewsRoom/MediaKit.pdf)

About Christine Kent, RN

After suffering a profound uterine prolapse resulting from a bladder suspension surgery, Christine refused the recommended hysterectomy and vowed to find a way to naturalize her pelvis.

After ten years of research in the University of New Mexico medical school library, drawing from books and scientific papers in gynecology, orthopedics, pediatrics, physical anthropology, and 19th century medical texts, and experimenting with her own condition, she had put the puzzle pieces together and brought her own prolapse under control.
Christine published her book, *Saving the Whole Woman, Natural alternatives to surgery for pelvic organ prolapse and urinary incontinence* in 2003, which has sold tens of thousands of copies around the world. She launched her website the same year and began teaching women what she had learned on her forum. Within weeks, women began writing back that they were seeing dramatic improvement in their symptoms.

She produced her first video, *First Aid for Prolapse* in 2005 and published a second edition of her book in 2007. She has subsequently produced more than a dozen videos and video courses. Her second book and companion video, *Save Your Hips* were published in 2013.

Christine holds Bachelor of Science degrees in both Anthropology from Northern Arizona University and Nursing from the University of New Mexico. She lives and runs Whole Woman Inc. and the Whole Woman Center in Albuquerque, NM USA and has trained Whole Woman Practitioners in the US, Canada, UK, Australia, Belgium, and Ghana.