

Book Review

Unnecessary hysterectomy – why?, Lise Cloutier-Steele, *Misinformed Consent* (Stoddart Publishing Co., Toronto, Canada, 2002). ISBN 0 77 37 6286 8. Price CDN \$ 20/US \$ 15.95

In the U.S.A. in the year 2000 no less than 633,000 hysterectomies were carried out, mostly for uterine bleeding or other non-life-threatening reasons. By the age of sixty, as many as 37% of all women in North America have had a hysterectomy, with removal of both the uterus and the ovaries. The comparable figure for Britain and Finland is a little less than 20% and in a number of other western countries the percentage is even lower. Most such hysterectomies are elective, but a woman's decision on whether or not to consent to the operation obviously depends a great deal on what she is told; American women tend to be assured by their doctors that the uterus has no use beyond the reproductive phase, that it has become a source of continuing and unpleasant problems (with more to come as time goes by), and that the hormones which have been produced by the ovaries can be replaced by taking tablets. How true is that?

Lise Cloutier-Steele, a Canadian who herself had undergone a traumatic experience with hysterectomy, decided to write down her own story and she also went and talked to twelve other women with a similar history. How necessary had the operation been, and what had life been like after the surgery?

There are obviously situations in which removal of the uterus is warranted – perhaps in 5–10% of all women at the most – perhaps because of intractable symptoms. Some of the women in this book had experienced those situations, but others had encountered medical ruthlessness at its worst. Mary Anne Wyatt recalls:

“Shortly after my gynaecologist discovered the fibroid tumour in a routine exam, she called me to say: “I am scheduling your hysterectomy.” At the follow-up appointment she said she thought I had cancer. When I challenged both her decision and her diagnosis, and told her that I didn't want a hysterectomy without proof of existing pathology, she slammed the door on me, leaving me alone in her office to ponder her words in shock . . .”

Whether or not a hysterectomy is medically justified, the after-effects can be disastrous. Terms like “physical, sexual and psychological mutilation” are everywhere in this book. The sudden induction of a menopause means long-term dependence on oestrogens; depression is common; the occasional woman who finds that sexual activity is improved after the operation seems to be in a minority, with many others finding that sexual desire has vanished or that the shortening of the vagina, which is almost unavoidable when the cervix is removed, has led to chronic dyspareunia. It is not at all surprising that so many support groups have sprung up to help women who have undergone the operation and that the internet today points to a multitude of organizations dedicated to eliminating unnecessary hysterectomies. The fact is that in many cases there are reasonable alternatives to surgery. Fibroids can often be successfully tackled using embolization, myomectomy or uterine balloon therapy. Chronic pelvic pain may be relieved by denervation or adhesiolysis. And as the Cochrane Foundation has found, heavy bleeding will very often respond to endometrial resection and ablation. These and other alternative approaches to the knife may demand more time, more counselling and more experimentation than merely ordering a hysterectomy, but they are likely to avoid a great deal of misery.

This book is not neutral, but nor is it merely a litany of woe and accusation; it provides an intelligent guide as to how medicine could (and often does) do better if the doctor is willing to try. It is not a comfortable book, but it should perhaps be obligatory reading for medical students thinking of a career in obstetrics.