

12-Minute Video to Save Health Insurance Providers More than \$17 Billion Each Year

by Rick Schweikert
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There is little disagreement that 90% of all surgeries to remove the female sex organs are elective—which is to say that hysterectomy is perceived to be a woman's choice. In fact, only about 2% of hysterectomies are lifesaving, although they are generally covered by most health insurance policies. Hysterectomy and oophorectomy are most commonly performed for benign fibroids and ovarian cysts, not cancer. Indeed, a statistically insignificant number of men have had their sex organs removed, even though the rate of cancer in the male and female organs is nearly identical.

The number of hysterectomies reported to the Centers for Disease Control (CDC) has remained steady. On average, more than 620,000 hysterectomies were reported to have been performed each year in the last decade. The CDC reports that the sex organs are removed from one out of every three women before she reaches the age of 60.

Health insurance providers and doctors are well aware that the number of hysterectomies reported is shy of reality. The National Hospital Discharge Survey (from which the CDC derives its statistics) includes in-patient stays of one to 30 days and participation is not compulsory. Nor does it include statistics from federally funded hospitals, military hospitals, or hospitals located on Indian reservations. Finally, and most importantly, nor does it include the quickly growing number of outpatient hysterectomies where the hospital stay is less than 24 hours.

In an article published in the July 2007 Obstetrical & Gynecological Survey titled A Prospective Observational Study of the Safety and Acceptability of Vaginal Hysterectomy Performed in a 24-Hour Day Case Surgery Setting, R. Penketh et al write, "Opening of an ambulatory care unit provided an opportunity to evaluate vaginal hysterectomy when performed in a 24-hour day case surgery setting -- more than 90% of women were discharged home within 24 hours of surgery." Therefore, the commonly quoted figure for the number of American women alive today without their reproductive sex organs is grossly understated at 22 million.

The uterus is a hormone-responsive reproductive sex organ that provides structural support to the bladder and the bowel. The consequences of severing the ligaments, nerves, and blood supply attached to the uterus are profound and predictable. The sequelae of problems that women experience after hysterectomy further tax our limited health care dollars. Physical damage, functional loss and endocrine abnormalities are inescapable and irrevocable consequences of hysterectomy.

The ovaries are biologically-active glands that have systemic and regulatory functions throughout a woman's life. About 75% of the women who are hysterectomized in this country are also castrated at the time of the surgery. A woman's ovaries are her gonads. Removal of the ovaries is castration, and the aftereffects are the same for women as male castration is for men. Furthermore, because of damage to the blood supply to the ovaries, there is a loss of ovarian function in 35 to 40% of the women whose ovaries are not removed during hysterectomy. This too results in a loss of ovarian function, which is the same as castration.

Women are told that they do not need their ovaries because they are a potential site for cancer and their ovaries will stop functioning at menopause. Both of these claims are false. The incidence of ovarian cancer in the U.S. is only about .01%, and the ovaries continue to produce hormones a woman's entire lifetime the same as the testicles continue to produce hormones a man's entire lifetime. Ovarian function cannot be artificially replicated, and the lifetime of drugs that many women take after oophorectomy expose them to possible serious adverse effects, including stroke and cancer.

No one can predict which women will experience the least or the most serious effects of removal of the female sex organs. The most consistent problems women report after hysterectomy are a loss of sexual feeling, a loss of vitality, joint pain, profound fatigue, and personality change. There is a three times greater incidence of heart

disease when the uterus is removed and a seven times greater incidence of heart disease when the ovaries are removed. Hysterectomized women commonly report to the HERS Foundation that they visit 25 doctors or more in the first year after surgery, seeking surgical and pharmacological solutions to irreparable damage. An estimate of the true cost of hysterectomy throughout a woman's lifetime (including lost wages and insurance for the 50% who are unable to maintain their previous level of employment) is not available.

It is commonly believed that this is a woman's issue only, because hysterectomy can only be performed on women. It is true that hysterectomy is in fact an urgent women's health issue first and foremost for each woman who is confronted with it. But hysterectomy profoundly impacts a woman's relationships with her partner, her children, her family, her friends and her community. Ultimately, hysterectomy is a humanitarian issue.

The number of hysterectomies and oophorectomies performed in the U.S. continues to rise because of the growing number of unreported hysterectomies, while the incidence of surgery to remove the male sex organs remains statistically insignificant. There are numerous factors that explain why this is so. Chief among them is the fact that the male organs are visible. The female reproductive sex organs are internal. Their functions are not visible. Consequently, what is often referred to as the most over-utilized and unwarranted surgery in the U.S. remains the most commonly performed non-obstetric surgery, at a cost to health insurance providers far exceeding \$17B/year.

A new 12-minute educational video from the HERS Foundation makes the female organs and their functions visible. "Female Anatomy: the Functions of the Female Organs" provides an essential component of the educational process known as informed consent, which is necessary for women to understand the physical consequences of hysterectomy and oophorectomy. The video is now available to the general public and can be viewed at www.hersfoundation.com/anatomy.

The HERS Foundation is an independent, non-profit women's health education organization dedicated to educating the public about the alternatives to and consequences of hysterectomy and female castration. Throughout the last 25 years HERS has counseled more than 850,000 women and has provided information to millions more worldwide. In an ongoing HERS survey begun in 1991, 99.7% of women reported that they were not informed of the functions of the female organs or the consequences of their removal and said they would not have proceeded with the surgery had this information been provided to them. No woman can be said to have chosen a surgery to remove her female organs unless she is first informed of the functions of those organs and the consequences of their removal.

Because it is a critical component of the educational process of informed consent, failure to provide the information contained in this 12-minute video prior to asking a woman to sign a consent form for hysterectomy or oophorectomy constitutes a lack of informed consent, which is a breach of duty that invalidates consent. "Female Anatomy: the Functions of the Female Organs" fills that information gap. It is a simple, cost-effective cure for a complex problem. Doctors everywhere are urged to make it available to every woman to whom they recommend the removal of the uterus or ovaries.

Women live fuller, healthier lives with their sex organs intact throughout their entire lifetimes. Requiring doctors to distribute HERS' 12 minute video would result in vast and immediate cost savings to help curb rising health care costs.