

Laparoscopic Hysterectomy (LH)

An information guide



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Who is this information for?

This information is for you if you are about to have or recovering from a laparoscopic hysterectomy.

It might be useful to share this information with your family and friends. You should read this information and any other information given to you before your surgery.

What is laparoscopic hysterectomy?

Laparoscopic hysterectomy is an operation to remove your uterus (womb) by keyhole surgery. There are different types of laparoscopic hysterectomy:

- Total Laparoscopic hysterectomy: this is when both the uterus and cervix (neck of the womb) are removed.
- Subtotal hysterectomy: this is where just the uterus is removed leaving the cervix.
- Hysterectomy with removal of one or both of your ovaries and fallopian tubes (salpingo-oophorectomy).
- Some laparoscopic hysterectomies are done entirely through keyhole surgery. Others can be done partially through keyhole surgery and completely through the vagina (Laparoscopic assisted vaginal hysterectomy - LAVH).

Your Gynaecologist will discuss with you the type of operation that is suitable for your circumstances before surgery.

Why might I be offered laparoscopic hysterectomy?

Laparoscopic hysterectomy might be offered to manage different conditions such as:

- Heavy, irregular, or painful periods/bleeding which has not responded to other medical treatments such as the Mirena coil, the hormonal pill or treatment to the lining of your womb (endometrial ablation).
- Endometriosis or chronic pelvic pain.
- Suspected cancer of the uterus, cervix, or ovaries.
- Fibroids.

What are the benefits of a laparoscopic approach?

Laparoscopy (keyhole) is a minimal access procedure which means only small cuts are made on your abdomen and therefore:

- Reduced risk of infection.
- Fewer complications such as bleeding and blood clots.
- Less pain after the operation.
- Your time in hospital is shorter.
- You recover faster with a quicker overall return to work.
- You are likely to be able to go home on the day of surgery or within 24 hours of your surgery.

The preoperative visit

You will be invited to attend a pre-operative assessment clinic before your surgery. You will be seen by a member of the nursing staff who will check your general health and fitness for surgery.

If you have any medical conditions, we will aim to optimise their management prior to your operation. Please bring a list of any medicines that you take to your preoperative clinic appointment.

The day of surgery:

- Please arrive at the ward in good time.
- The doctor will see you before your operation, discuss your surgery and get you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it.
- You will also be seen by the anaesthetist.
- Please ask any questions that you have about your procedure or anaesthesia.
- Before your operation you will be given a hospital gown and compression stockings (to prevent blood clots) to wear. You will then be taken to the operating theatre.

What happens after the operation?

After the operation you will be taken to the recovery room. Once you are awake and your observations are normal, you will be taken to the ward.

After-effects of general anaesthesia

The operation will be performed under a general anaesthesia (GA) which means that you will be put to sleep.

Most modern anaesthesia is short lasting, and you should not suffer from any after-effect for more than a day after your operation. In the first 24 hours you might feel sleepy, tired and your judgement might be impaired.

If you are not staying in hospital you should have an adult with you for the first 24 hours. You **should not** drive or make important decisions during this time.

Catheter

You may have a catheter (tube) in your bladder to drain urine. This is usually removed in theatre or within 6 hours after surgery.

Eating and Drinking

You will initially have a drip in your arm to provide you with fluids.

The nursing staff will advise you when you can eat and drink. You will be offered a drink of water or a cup of tea/coffee and something light to eat.

Eating early after surgery can speed your recovery. You might not be hungry initially; you should drink fluid and try eating something later when your appetite returns.

Scars, stitches, and dressings

You will have a number of small scars on your abdomen (usually 2 to 4). Each scar will be between 0.5cm to 1cm long. These will be closed with dissolvable sutures.

If your cervix is removed, you will also have a scar at the top of your vagina however you will not be able to see this.

The wounds on your abdomen will be covered with dressings. You should be able to remove them after 24 hours and have a shower.

You may notice a stitch or part of a stitch coming out of your vagina after few days/ weeks. This is normal and nothing to worry about.

Vaginal bleeding

You can expect to have some vaginal bleeding for 1 to 2 weeks after your operation. This is usually like a light period and is red or brown in colour.

Some women will also notice a gush of old blood or fluid few days after surgery. This usually stops quickly.

You should **avoid** using tampons as it increases the risk of infection.

Pain and discomfort after surgery

You can expect to have some pain or discomfort in your lower abdomen for the first few days after surgery.

Some women will also get shoulder pain which is a common side effect of laparoscopic surgery. You will be provided with, and should take, regular painkillers.

Taking your painkillers as prescribed will reduce your pain and help you get out of bed and mobilise sooner and therefore speed up your recovery and decrease the risk of developing a blood clot in your legs or lung.

Washing and showering and hygiene

You should be able to have a shower on the day after your operation. Do not worry about getting your scars wet, just ensure that you pat dry them and keep them clean.

Please ensure that you wash your hands before and after using the toilet as well as before and after touching the wounds.

Prevention of blood clots

Having an operation and staying in hospital increases the risk of blood clot formation.

You will be given some measures to reduce this risk (usually special socks and a blood thinning injection), and you can also help reducing the risk by being as mobile as you can by completing some excises to your legs while resting in bed.

Will I need hormone replacement therapy (HRT)?

If your ovaries have been removed during the operation you might be offered HRT.

Your Gynaecologist will discuss this with you and together you can decide the best way forward.

Enhanced recovery programme

Here at The Royal Oldham Hospital we offer enhanced recovery programmed which aims to get you back to full health as quickly as possible. Please see the patient information leaflet on Enhanced Recovery Programme after Gynecology Surgery.

What complications can be associated with laparoscopic hysterectomy?

- Infection: any operation carries the risk of infection. Your operation will be covered by antibiotics, but infection can occur in about 10% of patients.
- Bleeding: Excessive bleeding (haemorrhage) at the time of surgery is rare. Its reported that blood loss requiring blood transfusion occurs in about 1 % (1:100) of patients undergoing laparoscopic hysterectomy.
- Vaginal Vault Haematoma: this is when blood collects at the top of vagina. This usually resolves and many patients will not require treatment apart from antibiotics. Rarely this blood collection might require surgical drainage. If your bleeding gets heavier or becomes smelly please contact your hospital or GP.
- Injury to other structures in your abdomen such as bowel (1% to 2%), bladder (1%), ureter (1%) or major blood vessels. Such

complications are rare. If any damage occurs this may make additional surgery necessary to repair the damage. It may require open surgery (laparotomy).

- Return to theatre with bleeding or other complications occurs in about less than 1% of patients.
- Conversion to open surgery: sometimes it is difficult or unsafe to complete the operation through keyhole surgery. Your surgeon might decide to convert to open surgery (1% to 25%).
- Formation of blood clots.

Seeking medical advice:

You should seek medical advice from your hospital or your GP if you develop:

- Vaginal bleeding that becomes heavy.
- Red and painful skin around your scars.
- Burning or stinging when you pass urine: this might be due to urine infection and you will need treatment with antibiotics.
- A painful, red, swollen, hot leg or difficulty breathing or chest pain.
- Increasing abdominal pain: your pain and discomfort should get better each day with keyhole surgery, if you experience increasing pain with fever/temperature, loss of appetite, and vomiting this might be because of injury to your bowel or bladder and you will need to be seen again in hospital.

Contact numbers:

- Gynaecology assessment unit: 0161 627 8855
- You can also seek medical advice from your GP, NHS 111, or NHS 24.

You can find more information here:

Patient information leaflet - RCOG website:

www.rcog.org.uk/recovering-well : select recovering well:
Laparoscopic hysterectomy

Nice Guidelines: Laparoscopic techniques for hysterectomy

Website: www.nice.org.uk/nicemedia/live/11045/38409/38409.pdf

Enhanced Recovery Programme - Information for patients
undergoing Gynaecological surgery

The Hysterectomy association:

Website: www.hysterectomy-association.org.uk Telephone:
08443575917

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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