NHS
Brighton and Sussex University Hospitals
NHS Trust

Laparoscopic Hysterectomy

Department of Gynaecology

Patient Information

What is a laparoscopic hysterectomy?

A laparoscopic hysterectomy is a keyhole operation performed under general anaesthetic to remove the womb (uterus). It is a common surgical procedure which may also involve the removal of the fallopian tubes, ovaries and cervix to cure or alleviate a number of gynaecological complaints.

Why do I need a laparoscopic hysterectomy?

A laparoscopic hysterectomy is usually considered a last resort after other treatments have failed unless it performed as a life saving measure for conditions such as cancer. The decision to have a hysterectomy should be shared between you and your doctor. In most cases a laparoscopic hysterectomy is needed to relieve either acute or chronic painful and distressing symptoms, where other treatments have failed or there are no other treatment options. The benefit of having this operation is to resolve these symptoms and improve your life style. Some of the reasons for a laparoscopic hysterectomy include:

- **Heavy or very painful periods:** When all other treatment options have been explored some women whose quality of life is unduly affected by heavy or very painful periods will benefit from having a laparoscopic hysterectomy. Sometimes the heavy bleeding can also cause anaemia.
- **Fibroids:** A fibroid is a solid, benign (non-cancerous) tumour or growth that can be found in any part of the body that consists of smooth muscle. One of the most common places they can grow is in the muscular wall of the uterus. Fibroids can vary in number, size and position in the uterus, they are common and don't always cause problems. However, in some women they cause heavy periods which may be painful. If fibroids are large they may press onto the bladder and cause urinary symptoms.
- **Endometriosis:** The endometrium is the lining of the uterus and it sheds every month to produce a period. Endometriosis occurs when the lining is found outside the uterus often on the fallopian tubes, ovaries and other surrounding organs in the body, such as the bladder or bowel. Menstrual bleeding from this lining has no escape route as it is not connected to the uterus which can cause pain. They can cause scarring around the womb and may cause the bladder or rectum to 'stick' to the womb or fallopian tubes. Endometriosis may cause painful periods, abdominal pain or pain during sex.

- **Adenomyosis:** a fairly common condition where the lining of the womb invades outwards into the muscle wall of the womb often seen in association with endometriosis and sharing many of the same symptoms.
- **Cancer:** Laparoscopic Hysterectomy may be advised if you develop cancer of the lining of the womb. Your doctor or Macmillan nurse will be able to give you further information on the treatment of cancer.

What are the types of laparoscopic hysterectomy?

There are different types of laparoscopic hysterectomy including:

1. **Total hysterectomy** is when your uterus and cervix are removed.
2. **Subtotal hysterectomy or supracervical hysterectomy** is when your uterus is removed but the cervix is left.
3. You may also have the above procedure combined with a **bilateral salpingo-oophorectomy (BSO)**. This is the removal of one or both or your ovaries and fallopian tubes.
4. **Total laparoscopic radical hysterectomy** This is when the whole womb, cervix, fallopian tubes and ovaries, part of the vagina and some lymph glands are removed. This operation is done for cancer.

What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery. You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

What does the operation involve?

A laparoscopic hysterectomy may also be referred to as keyhole surgery as it is performed through small incisions made in the abdomen. Special surgical instruments are inserted through the incisions, and the operation is carried out with the aid of an internal telescope and camera system. The uterus is removed through the vagina and other tissues (sometimes including lymph nodes) may be removed through the vagina or through the small incisions in the tummy. You will have between two and four small scars on different parts of your tummy. Each scar will be between 0.5 cm and 1 cm long. If you have had your cervix removed, you will also have a scar at the top of your vagina which will be out of sight.

A laparoscopy hysterectomy will mean staying in hospital for one night only.

What are the risks?

There are risks with any operation but these are small.
The main risks associated with a laparoscopic hysterectomy are:

Common risks:

- Postoperative pain particularly shoulder tip pain
- urinary infection, retention and / or frequency
- wound infection, bruising and delayed wound healing.

Uncommon risks:

- Damage to the bladder
- damage to the bowel
- pelvic abscess or infection
- venous thrombosis and pulmonary embolism (clot in leg / lung)
- failure to gain entry to abdominal cavity and to complete procedure
- hernia at site of entry
- haemorrhage requiring blood transfusion
- return to theatre because i.e. because of bleeding
- unexpected laparotomy (abdominal incision)
- vaginal vault dehiscence (opening) requiring re-suturing.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and / or nausea. Please let the nursing staff know and they will assess you and take appropriate action.

Your nurse will be checking your blood pressure, pulse, breathing and temperature and monitor the laparoscopic incisions and any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, a DVT (deep vein thrombosis) or chest infection.

You will have a drip attached (intravenous infusion); once you are fully awake you will be able to start drinking and eating. Your drip will then be discontinued.

You can expect pain and discomfort in your lower abdomen for the first few days after the operation. You may also experience shoulder tip pain from the gas and water that is used through the telescope which may get trapped under your rib cage, this is common with laparoscopic surgery. You will be given pain killers to help this.

The nursing staff will assist and encourage early mobilisation. We would normally expect you to sit out of bed and begin to walk around within a few hours of returning to the ward. You will also have a catheter which will drain your urine. This will be removed by the nursing staff at 06:00 the following morning. We will monitor your urine output to make sure you are emptying your bladder properly and ask to measure 2 samples after the catheter has been removed. We may scan your bladder after you have passed urine to make sure it is emptying well.

You will have 2-4 small dressings on the cuts in your abdomen. These are waterproof and allow you to shower and meet your hygiene needs.

After your operation the nursing staff will administer a blood thinning injection to help prevent a DVT. You may be required to do this yourself at home - the Gynaecologist will inform you if this is relevant to you.

You may experience trapped wind which can cause discomfort, peppermint water and getting up and walking around will help this.
You may also find it difficult to open your bowels at first, we will give you mild laxatives to soften your stools and prevent constipation and straining.

What about going home?

You will be seen and assessed by the gynaecology team the following day to check on your recovery and decisions will be made about your care, this information will be shared with you. You will then be able to go home. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay following a laparoscopic hysterectomy is 1 day. As you physically recover from your operation, the nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest:

During the first two weeks at home it is common to feel tired, exhausted and emotional, you should relax during the day gradually increasing the number of things you do each day. Avoid crossing your legs when you are lying down.

Vaginal bleeding:

You can expect to have some vaginal discharge/bleeding for 1-2 weeks after surgery. This is like a light period and is red or brown in colour. Some women have no bleeding initially and have a sudden gush after about 10 days; this is quite common and should settle quickly. Sanitary towels should be used not tampons to reduce the risk of infection.

Stitches:

Your cuts will initially be covered with a dressing. please remove in 48 hours. Your cut will be closed by stitches which are usually dissolvable. If after 7 days you notice the stitches have not dissolved then they will need to be removed. This is normally done by your practice nurse and you will need to make an appointment. We advise that you shower daily and keep the wound clean and dry. There is no need to cover the wound with a dressing.

Preventing DVT:

There is a small risk of blood clots forming in your legs (DVT) after any operation. These clots can travel to your lungs (pulmonary embolism) which can be serious. Reduce these risks by:

- Being mobile
- Leg exercises
- Blood thinning injections
- Compression stockings

This will be discussed with you prior to leaving the hospital.

Housework:

Weeks1-2. We recommend that you do light activities around the house and avoid any heavy lifting (not more than 1.5kgs in each hand).
Weeks 3-4. We recommend that you gradually introduce lighter household chores, dusting, washing up, making beds and ironing.
You may begin to prepare food and cook remembering not to lift any heavy items.
Weeks 4-6. By this time you should resume normal daily activities.

Exercise:

Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You may return to normal exercise such as cycling and swimming after 4-6 weeks. You will be able to manage the stairs on your arrival home.

Diet:

A well balanced nutritious diet with a high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives.

You should include at least 5 portions of fruit and vegetables per day.
You should aim to drink at least 2 litres of water per day.

Sex:

It is safe to have sex when you feel ready this is usually 2-4 weeks after the operation to allow your scar to heal. You may experience dryness which is common if you have had your ovaries removed at the time of the hysterectomy. You may wish to try a vaginal lubricant from your local pharmacy. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

Returning to work:

Depending on the surgery you will need 2-6 weeks off work. Most women are able to return to work after 2-3 weeks, please discuss this with the doctor or nurse. The hospital doctor will provide a sick certificate for this period.

Driving:

It is usually safe to drive after 3-6 weeks but this will depend on your level of concentration and ability to perform an emergency stop and your car insurance company agree.

Are there any alternatives to having a laparoscopic hysterectomy?

You may decide not to have surgery and want to try alternative methods of improving you symptoms such as;

- Hormone preparations such as an intrauterine system.
- Endometrial ablation, a surgical procedure to destroy the lining of your womb.
- Pharmacological therapies.

These can be discussed with your doctor.

Who can I contact with any concerns or questions?

If you have any problems or are worried, please do not hesitate to contact us on the gynaecology ward:

Royal Sussex County Hospital
Level 11 **Telephone: 01273 523191**

Princess Royal Hospital
Horsted Keynes **Telephone: 01444 441881 Ext.5686**

References / useful links

1 Patient UK. (2008). Information Leaflets: Women's Health Category. (www.patient. co.uk).
2 Royal College of Obstetricians and Gynaecologists. (2015).
3 National Institute for Health and Clinical Excellence (September 2010). Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer. London: NICE.
4 National Institute for Health and Clinical Excellence (September 2010). Treating endometrial cancer with keyhole hysterectomy. London: NICE.

This information sheet has been produced by the Gynaecology Ward Sister Samantha Backley.

Ref number: 358.3 Publication Date: February 2018
Review Date: February 2020

carer and patient information group approved