Laparoscopic Hysterectomy

This information is for women who are deciding to have a laparoscopic hysterectomy (LH). It outlines the potential benefits and risks of this operation as well as what to expect during a patient's recovery. Please discuss any aspects of this with Mr Swanton at your consultation.

What is a hysterectomy?
Hysterectomy is the name given to the operation to remove a woman's womb (uterus). The operation is sometimes combined with the removal of one or both ovaries.

Why is a hysterectomy sometimes necessary?
Women undergo hysterectomies to treat a range of conditions such as fibroids, heavy periods, prolapse, and cancer. Hysterectomy is often considered when medical or other less invasive surgical treatments have failed or have been declined by the patient. You should discuss these alternatives with your doctor before deciding on hysterectomy.

Conventional hysterectomy is carried out by open surgery (abdominal hysterectomy) – i.e. making a cut across the lower part of the tummy (abdomen) in order to remove the womb. A newer alternative to the abdominal hysterectomy is laparoscopic (or "key-hole) hysterectomy.

What does a laparoscopic hysterectomy involve?
The operation is performed under general anaesthetic and usually takes between one and two hours. There are three small cuts made; one through the belly button for the telescope and two further cuts above the hairline and on the left hand side for instruments to be passed through. These cuts are then stitched with dissolvable sutures and/or glue at the end of the procedure.

Why have a laparoscopic hysterectomy (LH) rather than a traditional "open" hysterectomy? What are the advantages?

- The scars after LH are much smaller.
- There is less pain following LH.
- Hospital stay is shorter, on average 1 to 2 nights after LH.
- Recovery time and the return to normal activity is shorter (usually 3 to 6 weeks) following LH.

Should I have my ovaries removed? What happens if my ovaries are removed before the menopause?

Removal of the ovaries will bring on the menopause and you may experience some menopausal symptoms such as hot flushes. You and your doctor should discuss the advantages and disadvantages of removing your ovaries or leaving them inside your body before your operation.

Should I have my cervix removed at the same time?
The option of keeping the cervix (a sub-total hysterectomy) can be discussed with Mr Swanton but depends on your history and patients' wishes. If you have your cervix retained you will need to continue with the cervical smear screening programme.

What are the risks or potential complications of laparoscopic hysterectomy (LH)?

Infection: although we give antibiotics during the operation there is a small risk of infection in the bladder, chest, abdomen and wound sites.

Blood clots: clots in the legs or lungs occur in less than 1 in 250 women who have LH.

Bleeding: Less than 1% (1 in 100) of patients may require a blood transfusion.

Internal injury: there is a greater risk of injury to the bladder and ureters (tubes connecting the kidneys to the bladder) during LH compared to traditional surgery. The risk of this occurring is approximately 1 in every 100 LH operations. Damage to other internal organs such as bowel or blood vessels occurs less often than 1 in 100 LH operations.

Converting to open operation: in about 1 in 30 operations it may be necessary to convert the keyhole hysterectomy (LH) to an open operation, either with a low horizontal cut or very rarely a central "up-and-down" cut (in the abdomen). This occurs if it is technically impossible to complete the LH or if a complication, such as bleeding arises.

Complications can occur during all types of surgery; fortunately these are uncommon during hysterectomy. Most complications are identified and corrected during the operation with no long-term problems. A small minority of women must return to the operating theatre for correction of complications that are recognised later (for example some episodes of bleeding).

Preparing for hysterectomy

When do I come in to hospital?
You will be seen in the Pre-assessment Clinic before your operation date. This is an opportunity for us to ensure that you are fit and fully informed prior to the planned operation. We will carry out routine blood tests at this time. You usually come into hospital either on the day of the operation or the day before.

What might I expect after surgery?

Painkillers: when you come round after the operation, you will experience some abdominal pain. You should aim to be almost pain free by taking regular painkillers. Good pain-relief allows you to breathe deeply and move without restriction, both of which aid faster recovery and reduce risks of problems such as chest infections. Simple painkillers such as Paracetamol and Ibuprofen should provide enough pain relief at home.

Eating and drinking: You will normally be able to drink immediately after surgery and eat a light meal within a few hours.
You are likely to wake up with a drip and a bladder tube (catheter) that empties the bladder. You may also have a vaginal pack that is normally removed the morning after surgery along with the drip and bladder catheter.

How long will I stay in Hospital? Patients normally stay in hospital for 1 or 2 nights following this type of operation.

At Home

There is often a small amount of bleeding from the vagina for a few days following the operation; this should be much less than a period. If the bleeding is persistent (longer than 1 week) or becomes heavy, you should contact either the hospital ward or your GP for further advice.

Activity and work: we usually recommend that for the first week after your operation you take things gently. During the second week it is reasonable to consider light duties, and during the third week you should restart performing normal activities.

Exercise: light exercise can start from 4 to 6 weeks after your operation. Exercise intensity should increase gradually, reaching your normal levels 6 to 10 weeks after your operation.

Washing: for the first 4 weeks showering, or kneeling in shallow water is

advised. Do this rather than soaking in the bath to allow the internal wounds to heal without getting wet.

Sex: penetrative sex should be avoided for at least 6 weeks after your operation to allow the internal wounds to sufficiently heal.

Driving: avoid driving for at least two weeks after your operation. Please check with your insurance company and make sure you can perform all the manoeuvres (including emergency stops) without pain before you restart driving.

Stitches: dissolvable stitches or glue are used to close the wounds at the end of the operation. These will dissolve or fall out on their own.

Follow up: most women will be seen approximately 8 weeks after their operation by your consultant.

Cervical smears: when the uterus and cervix are removed you no longer need to have smears unless your doctor advises otherwise.

If you have any questions relating to this leaflet or other aspects of your care please feel free to ask your doctor or members of the nursing staff.

For further information:

NHS Direct online. **www.nhsdirect.nhs.uk**

NICE (the National Institute for Health and Clinical Excellence). Understanding NICE guidance leaflet for Keyhole hysterectomy. Information for people who use NHS services.

http://www.nice.org.uk/nicemedia/pdf/IPG239PublicInfo.pdf