

**Any further questions?**

Please contact the matron for Women's Health on 020 7288 5161 (answerphone) Monday - Thursday 9am - 5pm.

**For more information:**

Royal College of Obstetrics and Gynaecology Recovering Well leaflet  
 Website: <http://www.rcog.org.uk/recovering-well> select Recovering well: Laparoscopic hysterectomy

The Hysterectomy Association

Website: <http://www.hysterectomy-association.org.uk>  
 Telephone: 0844 3575917

NICE Guidelines

Laparoscopic hysterectomy for endometrial cancer  
<http://www.nice.org.uk/nicemedia/live/12355/50832/50832.pdf>

Laparoscopic techniques for hysterectomy

<http://www.nice.org.uk/nicemedia/live/11045/38409/38409.pdf>

Patient.co.uk

Website <http://www.patient.co.uk> search for hysterectomy

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# Laparoscopic Hysterectomy

A patient's guide



.... caring for you

This information leaflet is for patients who have been advised to have a laparoscopic hysterectomy. It explains the common reasons for this operation, the potential benefits and risks as well as the recovery process.

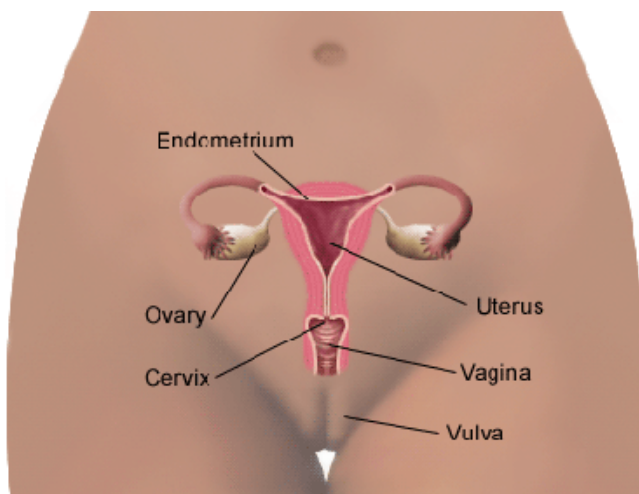
### What is a laparoscopic hysterectomy?

Laparoscopic hysterectomy is an operation to remove the uterus (womb) through small cuts on the abdomen, under general anaesthetic. It is also known as keyhole surgery and may also involve removal of the tubes, ovaries and cervix.

### What are the reasons for having it?

A laparoscopic hysterectomy may be advised for one or more of the following reasons:

- Heavy periods and or irregular periods.
- Fibroids in the uterus (see fibroid leaflet).
- Severe endometriosis (see endometriosis leaflet).
- Prolapse of the uterus or cervix
- Cancer of the uterus, cervix or ovaries.



### Week one to two

- You may feel ready to reduce or stop your pain medication
- You can start increasing your exercise and start to lift light loads (only one hand)

### Week two to three

- You may now start resuming your normal level of activity whilst being carefully not to carry heavy loads.
- You can resume your normal regular exercises especially swimming and long walks.
- You may consider making a plan to go back to work

### Week four to six

- You may feel ready to return to work by week four
- You may now consider sexual intercourse
- You may now feel strong enough to start driving

- There is also a small risk of injury to internal organs such as bowel, bladder or ureters (the tubes that run from each of your kidneys to your bladder). If this happens, a further operation may be required.
- After the procedure there is a risk of developing a deep vein thrombosis (a blood clot in a leg) or a clot in the lungs - we aim to prevent this with a daily injection that thins the blood and compression stockings. It is also really important to keep hydrated and try to move around as soon as possible after the operation.
- There is a small chance (less than five per cent ) that a bigger operation (laparotomy) is required. This may happen if your hysterectomy cannot be carried out by the keyhole route or there are complications.

Please speak to your specialist doctor before your laparoscopy if you have any worries about these risks.

### **The timeline of recovery**

#### **Day one – hospital**

- Eat and drink as usual
- Move around as much as possible
- Go to the toilet
- Take regular painkillers

#### **Day two - seven – home**

- Gradually start moving around more frequently and start taking short walks.
- Day three – bath/shower as normal
- Leave incision sites exposed to air and clean and dry.
- Continue taking your painkillers regularly

### **Alternatives to laparoscopic hysterectomy**

Other treatments some which may be less invasive, may be appropriate for your particular condition and will normally be discussed with you prior to your surgery. These involve drug therapies, coils and minor procedures such as uterine artery embolisation or endometrial ablation.

### **What are the benefits of a hysterectomy?**

This operation can end the symptoms you've been experiencing such as pain and bleeding. Many women find a hysterectomy improves their quality of life and general health and ensures that they continue to lead an active life.

### **What are the benefits of a keyhole approach?**

Laparoscopy is a minimal access procedure which means that only small cuts are made to your abdomen. The smaller incisions cause less damage to body tissue, organs, and muscles which means:

- Reduced risk of infection.
- Reduced risk of complications such as bleeding and clots.
- Less pain after the procedure.
- A shorter hospital stay (usually one day).
- A faster recovery time with a quicker overall return to work.

### **What can the operation involve?**

You should discuss with your surgeon, exactly what your operation will involve. A hysterectomy primarily means the removal of just the uterus.

- The operation may also include removing the cervix (neck of the womb) which will mean you may no longer need smear tests.

- Sometimes one or both ovaries may also be included, but ovaries are not removed unless there is a good medical reason for doing so.
- If both your ovaries are removed before you've reached the menopause, you may experience menopausal symptoms such as night sweats and hot flushes. If this occurs your doctor may offer you hormone replacement therapy (HRT).

**Please note** - a hysterectomy does not mean a loss of femininity or ability to enjoy sex. In fact, after the procedure, sex improves for a lot of women as the hysterectomy removes many of the previously unpleasant symptoms. It does mean the end of menstruating and the ability to become pregnant.

### Preparation for your operation

You are advised to:

- Check with your GP if you are anaemic - you may need iron tablets.
- Get as fit as possible before your operation because your recovery will be quicker if you are in good physical shape.
- Eat a well balanced diet with fruit and vegetables and take regular exercise, such as fast walking.
- Try to cut down or give up smoking

### Pre-operative check up, (please allow two - three hours):

- You will see a nurse about two weeks before the operation to check that you are fit for a general anaesthetic.
- This will include checking your blood pressure, pulse and a blood test; it may also include a chest x-ray.

### When should I seek help after my operation?

If you are concerned about something or experience any of the following symptoms you should seek medical advice from your GP, the hospital where you had your operation or NHS Direct:

- Burning and stinging when you pass urine or passing urine more frequently.
- Heavy or smelly vaginal bleeding.
- Red and painful skin around your scars or offensive discharge from your wound site.
- Increasing abdominal pain or fever.
- A painful, red, swollen, hot leg or difficulty bearing weight on your legs.
- Difficulty breathing, chest pain or shortness of breath.

### Are there any risks?

Laparoscopic hysterectomy is relatively safe operation but as with any major abdominal surgery there are associated risks. For a laparoscopic hysterectomy these include:

- Excessive bleeding may occur during the procedure or you may require a return to the operating theatre in order to control the bleeding. If you do not wish to receive blood or any blood products please discuss this with your doctor before the operation.
- There is a risk of infection of the bladder, lungs or the scars on your abdomen. Rarely an infection can occur inside the abdomen. Usually infections are treated successfully with a course of antibiotics.

- Avoid any heavy lifting (anything that requires two hands).
- You can start driving four - six weeks after the operation providing you feel comfortable with a seat belt but do check with your insurance company as cover varies
- You can go back to work four - six weeks following the operation depending on the work you do and how physically active it is; check with your GP.
- It is important that you keep as fit as possible as this will speed your recovery. Walking is a good exercise and you can swim once the wound site have healed and are clean and dry (around two - four weeks) .
- Try not to smoke, and make sure you eat a sensible diet with plenty of fluids and fresh fruit and vegetables.
- Sex - you can resume sexual intercourse usually six weeks after your hysterectomy if all is well.
- Your gynaecologist will advise if you need to continue having smears.
- Once your womb has been removed you will no longer have periods. If you have had your ovaries removed you may experience menopausal symptoms (such as hot flushes and night sweats). Please speak to your GP about HRT (Hormone Replacement Therapy), which can help.

- Please tell the nurse if you suffer from any medical conditions, taking aspirin, warfarin, or other regular medicines and if you are allergic to anything.
- You will also be invited to attend the gynaecology pre-operative information group, which will give you an opportunity to ask any questions you may have about your surgery.

### **On the day of your admission**

- Please arrive at the hospital in good time and go to the Day Treatment centre.
- The doctor will see you before your operation and ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it.
- Please ask any questions about the procedure that you want to.
- The anaesthetist will talk to you about the anaesthetic.
- Before your operation you will be given a hospital gown to wear, a wristband with your details for safety and a pair of compression stockings to prevent blood clots. You will then be taken to the operating theatre.

### **The operation**

- You will be given a general anaesthetic so you will be asleep during the operation.
- A small cut (about one cm) is made in the navel (belly button). Two or three more cuts (0.5 to one cm) are made in the lower tummy on one or sometimes both sides.

- The doctor will be able to see inside your abdomen using a thin telescope. Your uterus will be removed with other instruments.
- A gas is passed into the abdomen to expand it in order to give the surgeon a better view.
- Once your uterus (and if required your ovaries) have been removed they will be sent to the laboratory for further tests.
- The cuts will be closed with dissolvable stitches, and covered with small plaster dressings.
- The procedure usually takes about one to two hours.
- With your doctor's agreement you can start drinking as soon as you are fully awake and we expect you to return to a normal diet by that evening.
- A few hours after you awake from your procedure your nurses will encourage you to get out of bed and start moving around.
- You may feel a bit bloated as a result of the gas that was passed into the abdomen. This can also cause pain in your shoulder (via nerve routes).
- The shoulder pain will pass in two to seven days however walking around as early as possible helps reduce this bloating quicker.
- Slight bleeding from the vagina is normal. If it becomes heavy, please inform your nurse or doctor.
- Your doctor will review your progress regularly.

## Going Home

- You should expect to go home after one day.
- You should arrange for a friend or relative to collect you, usually before 11am the day after the surgery.
- We will provide you with painkillers which we advise you to take regularly for the first week and afterwards as needed.
- Your cuts may feel a little sore; keep them clean and dry for two days and then you can bathe/shower taking care to dry the wounds carefully. The stitches underneath will dissolve over a three week period.
- Avoid the use of talcum powder or oil based bath products for the first few weeks.
- Ideally, you should have someone to look after you for the first week at home.
- You will be given a follow-up outpatient appointment for 6 – 8 weeks after your operation.
- You will be given a copy of a letter for your GP to inform them of the procedure that you've had.

## Advice on recovery

- Listen to your body as you will need increased rest following your surgery. Rest as much as you can for the first day after you get home. You may feel tired for the first week, but you can resume normal activities as soon as you feel able.