

Total Laparoscopic Hysterectomy *(page 1 of 6)*

This information is for you if you are about to have, or you are recovering from, a laparoscopic hysterectomy. You might also find it useful to share this information with your family and friends. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the exact type and the reason you are having the hysterectomy
- how smoothly everything goes and whether there are any complications.

Total laparoscopic hysterectomy is an operation to remove your womb (uterus) and cervix (neck of womb) by keyhole surgery. In addition one or both of your ovaries and fallopian tubes (salpingo-oophorectomy) might be removed.

Outline of the procedure

This procedure is carried out under general anaesthesia. It takes about 90 minutes. Four small cuts provide access for the laparoscope (camera) and surgical instruments. Your abdomen is filled with carbon dioxide during the operation so that your uterus can be seen and accessed. The uterus, cervix, ovaries and tubes are removed through the top of the vagina. They are then sent to the histology department to be looked at under a microscope. It usually takes 2-3 weeks to get these results.

Are there any alternatives?

The alternatives include abdominal hysterectomy (through a large cut in your tummy), however this is likely to need a longer hospital stay and recovery period. Current evidence on the safety and success of laparoscopic hysterectomy supports the use of this procedure.

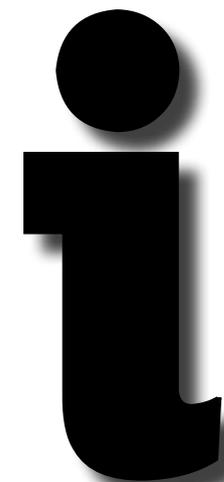
Other treatment alternatives will depend on the reason for your hysterectomy and can be discussed with your gynaecologist.

Complications

All operations carry some degree of risk and complications do occur.

- **Heavy bleeding** (haemorrhage) at the time of surgery is rare. Blood loss is usually less than 200ml, however, 1 in 100 women will need a blood transfusion.
- **A collection of blood** (haematoma) at the top of the vagina may occur. Most cases do not need treatment, although antibiotics are sometimes necessary. Very rarely these collections of blood require surgical drainage. When you are at home after the operation the loss

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

should be light, like the end of a period, and getting less and less each day. If it becomes very heavy or smelly, please contact either the hospital or your GP.

- **Infection** – surgery is covered by antibiotics, but infection may occur in 10% of patients. Infections can occur in the chest, urine, scars or pelvis and are usually easily treated with antibiotics.
- **Blood clots** in the legs and lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as using compression stockings and blood thinning injections. By staying active and well hydrated you can further reduce the risk of clots.
- Rarely during the operation, **damage to other structures** (such as bowel, bladder, ureters) may occur which may make additional surgery necessary. This may require a large cut on the tummy (laparotomy). Occasionally damage is not obvious at the time of surgery and presents after you have gone home, requiring another operation.

Before the operation

Pre-operative assessment

Before your operation your gynaecologist will have discussed with you what the operation involves. You will also meet a nurse, junior doctor and an anaesthetist and have the opportunity to ask questions. You will see all of these people either at the pre-operative assessment clinic or when you are admitted to the Surgical Assessment Lounge or Day Surgery Unit. Routine blood tests and heart monitoring (ECG) may also be performed during the pre-operative assessment.

Preparation

It is important that you are as fit as possible. If you smoke try to give up as soon as possible as smokers are much more likely to develop chest infections after surgery.

Many women suffer from constipation after surgery. We advise that you buy some Milpar, a white liquid medicine, from your local pharmacy. This keeps the bowel motion soft, so that there should be less need to strain to open your bowels in the post operative recovery period. You should take 10ml twice daily, starting 3 days before your operation and afterwards, until normal bowel function returns.

What to expect after the operation

Hospital stay

In most instances you will be admitted to hospital on the day of your operation. Most patients are discharged 24 hours after surgery. However, a longer stay is occasionally required.

Anaesthetic and pain relief

The operation is usually performed under a general anaesthetic. During the first 24 hours you may feel more tired and sleepy than usual.

For the first few hours a painkiller may be given through the drip, called a PCA. This is controlled using a button and will be explained to you by the nursing staff.

You will be given tablet painkillers which you will also be able to take home.

Drip, drain and catheter

When you return from the operating room you will usually have a drip with fluids so that you do not have to drink. You may also have a drainage tube from the wound and a catheter (tube) in your bladder to allow your urine to drain. Usually, these are all removed the following morning.

Eating and drinking

The nursing staff will tell you when you can drink and then eat. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on and your appetite will gradually return.

Abdominal and shoulder pain

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder. This is a common side-effect of laparoscopic surgery. When leaving hospital, you will be given painkillers, take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up and move around – all of which will speed your recovery and help to prevent blood clots forming in your legs or lungs.

Trapped wind

After your operation your bowel may temporarily slow down causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Scars, stitches and dressings

You will have four small scars on different parts of your abdomen. Each scar will be between 0.5cm and 1cm 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. The wounds will be closed either with glue, with stitches that need removal after 7 days or with dissolving stitches. Initially, your wounds will be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower. After that try to keep your wounds clean and dry. Any stitches in your vagina will not need to be removed as they are dissolvable.

Washing

The day after your operation, you should be able to have a shower or bath and remove any dressings. Don't worry about getting your scars wet, just pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing and reduces the risk of infection.

Vaginal bleeding

You can expect to have some vaginal bleeding for 1 to 2 weeks after your operation. This is similar to a light period and is red or brown in colour. Some women have little or no bleeding

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initially and have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should only use sanitary towels, not tampons, as using tampons could increase the risk of infection.

Recovering after an operation is a very personal experience

Helping your recovery

Relax and rest as much as you can for the first few days but it is important not to remain in bed and to stay mobile as this reduces your risk of developing blood clots. You will be able to do light activities around the house within a few days. It is safe for you to climb stairs the day you go home. Establish a daily routine and keep it up.

Eat a healthy balanced diet

This will ensure your body has all the nutrients it needs to aid recovery. A healthy, high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water, is recommended.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives (e.g. Milpar) to avoid straining and constipation.

Stop smoking

This will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking, even if it is just while you are recovering, will bring immediate benefits to your health.

For help quitting, call Smokefree: 0800 022 4 332, Mon to Fri 9am - 8pm, Sat & Sun 11am - 4pm or speak to your GP or practice nurse.

Factors that can delay your recovery

It can take longer to recover if:

- there were any complications during your operation
- you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infections
- you smoke; women who smoke are more likely to get a chest or wound infection during their recovery since smoking delays the healing process
- you were overweight at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and blood clots.

Occasionally, due to difficulties during surgery, it may be necessary to complete the operation through a larger cut on the tummy (known as a laparotomy). This leads to a longer hospital stay (3-5 days) and a longer recovery (2-3 months).

Getting back to normal

Work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work. After any operation, you may feel more tired than normal, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. Some women are fit to work after 2 - 3 weeks. Many women are able to go back to normal work after 4 to 6 weeks if they have been building up their levels of physical activity at home.

Driving

In general, it can take 2 - 4 weeks before you are ready to drive. Before you drive you should be free from the sedative effects of any painkillers and able to sit in the car comfortably and work the controls. You should be able to wear the seatbelt comfortably and make an emergency stop. You also should be able to comfortably look over your shoulder to manoeuvre. Please contact your insurance company to confirm the details of your policy, although most will be happy for you to drive once declared medically fit.

Sex

You should usually allow 8 weeks after your operation to allow your scars to heal. It is then safe to have sex, as long as you feel comfortable. If you experience any discomfort or dryness (which is more common if your ovaries have been removed at the time of the hysterectomy) you may wish to try a vaginal lubricant.

Hormone replacement therapy (HRT)

If necessary, this will be discussed with you by your gynaecologist and together you can decide the best way forward.

Follow-up

Follow-up and/or additional treatment will be offered and arranged for you if needed depending on your results

Some women who have had a laparoscopic hysterectomy will need to continue to have cervical screening (smear tests). You will be advised if this applies to you.

When to seek medical help/advice

Burning and stinging when you pass urine or passing urine frequently

This may be due to a urine infection. Take a urine sample and contact your GP. If a urine infection is found this is easily treated with a course of antibiotics.

A swollen leg, shortness of breath, chest pain or coughing up blood

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis or DVT) after any operation. These clots can travel to the lungs (pulmonary embolism or PE) which could be serious. You can reduce the risk of clots by:

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- being as mobile as you can as early as you can after your operation
- drinking plenty of fluids; water is particularly good for you
- doing exercises when you are resting, for example:
 - pump each foot up and down briskly for 30 seconds by moving your ankle
 - move each foot in a circular motion for 30 seconds
 - bend and straighten your legs, one leg at a time, three times for each leg
- you may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include a daily injection of a blood thinning agent and/or graduated compression stockings that should be worn day and night until your mobility has improved.

Red and painful skin around your scars

This may be caused by a wound infection, you should see your GP. Treatment is with a course of antibiotics.

Heavy or smelly vaginal bleeding

You will experience some degree of vaginal bleeding after surgery. However, if this becomes increasingly heavy or smelly and especially if you also feel unwell with a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be given by a drip. Rarely, the bleeding may need to be drained.

Increasing abdominal pain

If you have increasing pain along with a temperature (fever), loss of appetite or vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.