York Teaching Hospital
NHS Foundation Trust

Laparoscopic Hysterectomy

Information for patients, relatives and carers

Department of Gynaecology

The York Hospital
Wigginton Road, York, YO31 8HE

Tel: 01904 631313

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL

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ⓘ For more information, please contact us using one of the numbers in the Useful Contact Details section on page 18

Caring with pride

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In this leaflet, we try to answer some common questions about having a hysterectomy by laparoscopic surgery also known as keyhole surgery. Remember everyone is different and you are encouraged to ask your own questions to the doctors and nurses.

What is a laparoscopic hysterectomy?

A Laparoscopic hysterectomy is an operation to remove the womb (uterus) through four small cuts on the abdomen (tummy). This is often known as keyhole surgery. Just the womb can be removed; this is called a subtotal hysterectomy, or the womb along with the cervix (neck of the womb); this is called a total hysterectomy. Sometimes, the ovaries and fallopian tubes are removed at the same time; this is called a salpingo-oophorectomy. Your surgeon will discuss this with you.

Why do I need a hysterectomy?

Women undergo a hysterectomy to treat a range of conditions. These include:

- Bleeding problems (heavy and or irregular periods),
- Fibroids (an overgrowth of the muscle of the womb),
- Endometriosis (little patches of lining of the womb are in the wrong place outside the womb),
- Long term pelvic pain,
- Cancer (if cancer of the womb is diagnosed you may be offered a hysterectomy).

What are the benefits of laparoscopic hysterectomy?

A hysterectomy removes the womb and stops periods. It is designed to cure the disease, which necessitated it, or to relieve the problems caused by the womb.

Laparoscopic hysterectomy causes less trauma to the body than the traditional 'open' hysterectomy. It was developed to reduce pain, scarring and shorten recovery time. There are several potential benefits to having this type of surgery:

- You are likely to spend less time in hospital.
- A quicker recovery and return to normal activity.
- Reduced risk of wound infection.
- Reduced risk of Deep Vein Thrombosis (blood clots in the legs).

What happens before surgery?

On your arrival, the nurses will introduce themselves to you and explain what will happen during your stay. You will be asked about your present medicines, any allergies you may have, your arrangements for going home and who is to look after you. Do not hesitate to ask if there is anything about which you are uncertain.

You will be asked to sign a consent form if you have not already signed one (reference FYCON117-1 Laparoscopic hysterectomy). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes and you will be given a copy for your own records.

You will need to change into a theatre gown and then be escorted to theatre where your identity will be checked as part of safety procedures.

If you are having a general anaesthetic, your anaesthetist will speak to you before your operation, discuss any problems with you and check when you had anything to eat or drink.

Before you come in for your surgery, you should receive a leaflet on what to expect when you come into hospital.

What happens during surgery?

A small telescope will be inserted through a cut in your belly button to have a careful look inside at the womb, tubes and ovaries. The bladder is emptied first with a little catheter (tube) which is taken straight out again. Gas is pumped into the abdomen to give the surgeon a better view of the internal organs.

Three more little cuts (less than one centimetre) are needed to perform the operation, one just above your pubic hair, and two more half centimetre cuts one on each side of your tummy. The womb alone (subtotal hysterectomy) or the womb and cervix (total hysterectomy) will be removed using laparoscopic instruments.

What are the alternatives?

The alternative is to have medical treatments, an open operation (Abdominal hysterectomy) or not to have the operation.

Are there any risks?

During the operation your safety is our top priority, but every procedure has its own risks and potential complications.

Damage to Organs

During the operation the surgeon may accidentally damage other organs that are nearby. Such as:

- Bladder (this occurs in about 1 in 100 cases)
- Ureters (water tubes from the kidneys to the bladder are damaged about 1 in 200 cases)
- Bowel (there can be damage to the bowel about 1 in 1000 cases)
- Blood vessels (about 1 in 1000)

The risk of damage to surrounding organs is higher in women who have had previous abdominal operations (such as a Caesarean section), in overweight women and in women with pelvic endometriosis.

If the bowel is damaged, sometimes the surgeon needs to divert healthy bowel away in a colostomy, while the damaged bowel heals. This colostomy can then be reverted back once the bowel is fully healed.

Connections between organs

During surgery, a connection can form between two organs. This is called a Fistula. If this happens then further surgery to repair this connection needs to take place.

Removal of ovary

If an ovary is found to be abnormal or stuck to the womb it will have to be removed.

Bleeding

Excessive bleeding may occur during the operation (about 1 in 100 women), or after the operation. If this happens you may require a blood transfusion or may need to return to the operating theatre to stop the bleeding.

Infection

Infection may arise, particularly at the operation site, in the wound or in the urine (about 1 in 10 women). You will be given some antibiotics during your surgery to reduce this risk. Most infections including serious infections that can develop after surgery are easily treated with antibiotics. Serious infections are usually treated with IV antibiotics (given via a drip).

Bruising or numbness

There may be bruising or numbness of the tummy wall and unsightly scar formation.

Bladder and bowel problems

Bladder and bowel problems are common (about 1 in 10 women) including difficulty passing water (a catheter may be put in to help with this), frequency, and slow return of function to normal.

Anaesthetic complications

Anaesthetic complications can occur: There is a very small risk of the gas that is pumped into the abdomen entering the blood stream. There is a very rare risk of death (3 - 8 in 100,000 cases).

Internal scarring

Internal scarring (known as adhesions) in the abdomen and pelvis can form, which may cause problems such as painful sexual intercourse or pelvic pains. Rarely these can cause bowel obstruction in the long term.
The wound may not heal properly (known as wound breakdown) or organs may push through the scar forming a hernia.

Blood clots

Blood clots can form in the in the leg veins (deep vein thrombosis) and can be very serious if clots move to the lungs (pulmonary embolism). To help prevent this occurring you may be given special injections after your surgery and fitted with anti-embolic stockings in hospital, ideally you will need to continue wearing these at home for up to two weeks after the operation.

Early failure of ovaries

The ovaries if preserved may fail earlier than this would have naturally occurred; studies have shown this to be around six months earlier in women who have had a hysterectomy compared to those who have not. If the ovaries have been removed as part of your operation, your menopause starts immediately.

Pelvic pain may not improve

There are many causes of pelvic pains which are not related to the uterus. Women who have had a hysterectomy for pelvic pains may find that their condition has not improved.

How you feel

A hysterectomy results in total and permanent loss of fertility. Some women regret that they have had a hysterectomy and may mourn the loss of their fertility. A few women become depressed. Some women find their desire to have sex less than before the operation.

You may feel anxious that following a hysterectomy you will feel less feminine. In fact, femininity depends on genes and hormones rather than the presence of the womb and is therefore not affected by a hysterectomy, but you may experience these feelings because child bearing is no longer possible.

Change to open operation

In a small number of women, it may not be possible to complete the procedure safely. This is more likely in women who are overweight or have had surgery before. In these cases a laparotomy (a larger cut in your tummy) may be required to finish the hysterectomy, stop any excessive bleeding or repair any damaged organs.

What happens after surgery?

After surgery you will be taken to recovery area where a nurse will monitor your progress.

You may have some pain after the operation, as this occurs with every operation, but you will be given medication to control the pain both in hospital and to take home with you.

When can I go home?

You are likely to be discharged the same day or occasionally you may be required to stay in hospital overnight. You will be able to go home, accompanied by a responsible adult, when it is felt you are ready (usually after you have had something to eat and drink and got up to the toilet). Remember you must not drive yourself home or use public transport.

A nurse will go through all the discharge instructions with you and give you all the necessary papers. Please do ask if you are unsure of any of the instructions.

When can I go back to work?

People vary in how quickly they recover after surgery. Your total recovery time will depend on your body but it is generally about two weeks. Depending on your job you may be able to return to work two weeks after the operation.

When can I drive?

You should be able to drive five to seven days after the operation as long as you feel comfortable doing so and providing it is for short distances only. You are advised to check with your insurance company.

When can I have sexual intercourse?

After six weeks.

Will I need to have cervical smears in the future?

- Yes, if you have a subtotal (removing just the womb) hysterectomy.
- No, if you have a total (removal of the womb and cervix) hysterectomy.

If you are unsure please check with your doctor and they will advise you.

What else do I need to know?

You may experience period like discomfort and some pain in your shoulders. This should respond to simple painkillers, which will be given to you before you leave the unit.

The stitches usually do not need to be removed.

Some women may experience vaginal bleeding. The bleeding should not be heavy but may last up to two weeks after surgery. Please do not use tampons. This is because the area at the top of your vagina where the womb was removed needs time to heal. Tampons may bring infection to into your vagina or disturb the stitches and this will prevent healing.

If you are concerned regarding any bleeding or offensive vaginal discharge please contact the ward or your GP for advice as this can be a sign of an infection.

If you have had a subtotal hysterectomy (just taking the womb and leaving the cervix in place) then there is a chance (7 in 100 women) that you will still have some monthly (cyclical) bleeding – this will be every light and is described as monthly spotting.

If you decide to take hormone replacement therapy (HRT) after a subtotal hysterectomy then you should take the form with oestrogen and cyclical progesterone. You may still have a small amount of monthly bleeding. After a total hysterectomy then oestrogen only HRT is suitable.

For the first two weeks we recommend you increase your normal activity gently. Things that you should avoid for the full two weeks are: Vacuuming, carrying shopping or laundry baskets, washing windows and hanging out or bringing in washing. After two weeks, you should be able to get back to your regular working schedule including swimming and physical activities; however some people may take longer.

You will need help at home if you are caring for babies or young children.

If you have any problems in the first 24 hours the phone numbers to ring are:

Day unit York 01904 726010 (open 8am to 6pm)

Ward G1 York 01904 726001
(anytime within first 24 hours)

Lilac Ward Scarborough 01723 342805 or
01723 342806 (anytime within first 24 hours).

Where can I find further support?

For further information and support, please visit the following websites:

www.hysterecomy-association.org.uk
www.patient.co.uk
www.nhs.uk
www.womenshealthlondon.org.uk
www.rcog.org.uk

Useful Contact details

Gynaecology secretary telephone numbers - York

Miss Dean, Miss Oxby, Miss Ghosh, Mrs Hayden:	01904 721682
Mr Jibodu:	01904 725111
Mr Adekanmi and Mr Dwyer:	01904 725549
Mr Evans and Dr E Falconer:	01904 726553
Miss Sanaullah and Miss Fahel:	01904 725617
Mr Brewer and Mr Broadhead:	01904 725545
Mrs Pandey:	01904 725546
Waiting List Office	01904 725132
Family Planning Clinic Monkgate	01904 725432

Gynaecology secretary telephone numbers - Scarborough

Mrs Ramaswamy and Dr Pandey:	01723 342083
Miss Hayes, Mr Ajayi, Mr Freites and Mr Patel:	01723 385248
Miss Verma and Mr Ahmidat:	01723 342515
SR Sue Thompson	01723 342083
Waiting List Clerk	01723 342249

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Miss Dean's and Miss Oxby's Secretary, Obstetrics and Gynaecology, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 721682.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Providing care together in York, Scarborough, Bridlington, Malton, Selby and Easingwold communities

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Owner	Miss N Dean and Miss C Oxby, Consultant Gynaecologists
Date first issued	March 2014
Review Date	July 2020
Version	3 (issued August 2018)
Approved by	Obstetrics and Gynaecology CGG
Linked to consent form	FYCON117-1 Laparoscopic Hysterectomy v3
Document Reference	PIL 784 v3