

Laparoscopic Hysterectomy

Gynaecology Department



Patient information leaflet

This leaflet explains what a laparoscopic hysterectomy is, reasons for the procedure and what you can expect from the procedure.

What is a laparoscopic hysterectomy?

A laparoscopic hysterectomy is the removal of the uterus (womb) using minimally invasive or “key-hole” surgery through tiny abdominal incisions. There are three different types of hysterectomy that can be performed laparoscopically:

- Subtotal hysterectomy – removal of the main part of the womb leaving the cervix.
- Total hysterectomy – removal of the womb and cervix.
- Total hysterectomy and removal of the ovaries and fallopian tubes.

Why do I need a hysterectomy?

For women who have had no success with other treatments and have completed their family, a hysterectomy is usually offered. There are many reasons for a woman to be offered a hysterectomy. Conditions include:

- Bleeding problems such as heavy or irregular periods.
- Endometriosis.
- Fibroids.
- Pelvic support problems due to weakened tissues resulting in a lump in the vagina or ‘bearing down’ feeling of pressure. This is known as a prolapse.
- Suspected or proven cancer of the womb or cervix.

Often you will have been advised on other treatments first, such as pelvic floor exercises, medicines or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors.

Vaginal repair

If you have a prolapse affecting the front or back of the vagina, your surgeon may suggest repairing this at the same time as carrying out the hysterectomy. The additional surgery is called an anterior or posterior repair (see anterior and posterior leaflet).

What effect will it have on me?

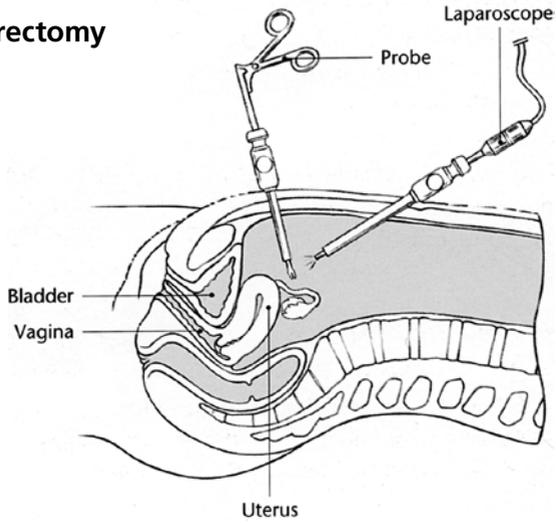
Most women find that their health and well-being improve and that they can still lead an active life. It also means that you will have no more periods and you cannot get pregnant. Some women find it difficult to talk about because of its emotional, as well as physical, implications. Having a hysterectomy will not affect sexual intercourse. Please talk to the clinical nurse specialist if you have concerns about this.

What about my ovaries?

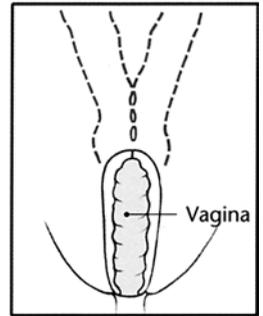
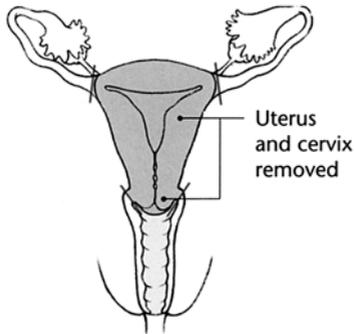
If you are having your ovaries removed and you have not yet naturally gone through the menopause, then you will experience menopausal symptoms such as hot flushes, night sweats and vaginal dryness. These symptoms can be relieved by taking Hormone Replacement Therapy (HRT). This can be prescribed for you on discharge home, after your operation. Some patients take homeopathic remedies such as redclover or evening primrose to help reduce the symptoms.

If you are not having your ovaries removed, they will continue to work until your menopause.

Laparoscopic Hysterectomy

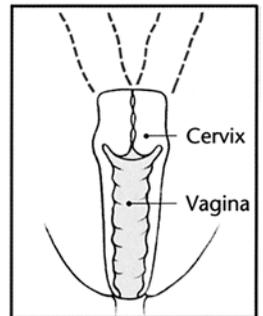
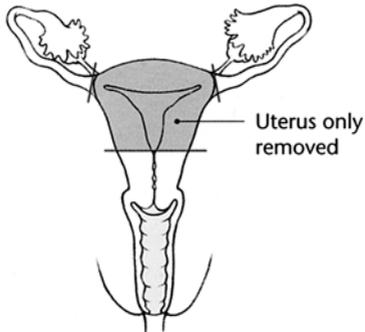


Total Hysterectomy



After Surgery

Subtotal Hysterectomy



After Surgery

Before and after your operation

Before

- As soon as you know that you will need a hysterectomy, try to get yourself into the best physical shape so that you will recover faster from your operation. Stop smoking, eat a healthy diet and take regular exercise.
- You may have intercourse until your admission to hospital, but please take precautions – e.g. condoms.

Pre-Assessment

Your Pre-Assessment appointment is the opportunity to ensure you are fit and healthy for both anaesthetic and surgery, and to plan your admission with the nurse-led team.

Enhanced Recovery Appointment

You will have a separate appointment to be seen by a Gynaecology Nurse from the Enhanced Recovery Team. The nurse will discuss with you your expected length of stay in hospital. Your length of stay will depend upon the consultant who is caring for you. The nurse will check on your progress and call you once you are home, as well as being there to support you.

Before admission

Please remove any nail varnish (fingers and toes) or body piercings and leave them at home. If you are unable to remove them, wedding bands (containing no stones) can be worn as we can cover these with tape.

In hospital – the ward

The day of your operation

When you arrive on the ward, the nurses will check your details and attach an identification band to your wrist. This will be red if you have any allergies. You will be starved prior to your admission, this will have been discussed with you during your Enhanced Recovery Appointment.

You will be measured for tight, elastic stockings (usually knee length) called TEDS. The stockings work together with a daily injection (to thin the blood) and this helps to prevent clots. A member of the Anaesthetic Team will visit you on the ward prior to your operation to discuss your medical history and plan your pain management with you. A member of the operating theatre team will come and take you to the operating theatre.

What will happen during surgery?

The laparoscope is passed through a small incision in the abdomen (usually the belly button). The abdomen is gently inflated with carbon dioxide to enable the pelvis to be seen more clearly. One or two further small incisions are made to enable the surgeon to perform the operation.

These are usually closed with dissolvable stitches, and covered with steristrips, small waterproof plasters or stuck with glue.

After the operation

Your recovery

You will remain in the recovery room until the recovery team decides you are well enough to go to the ward. When you return, the nurses will continue to monitor your progress by taking your blood pressure, pulse, temperature and checking your wounds etc.

- The doctors and nurses will discuss your recovery plans with you and will expect you to mobilise as soon as possible.
- Remember everyone is different and some people take a little longer to feel better. Your doctor's team will monitor your progress on the ward and the nurses will be there to advise you.

After your procedure

Pain

You may experience shoulder tip discomfort, which is due to “trapped gas” following the operation. This will settle quickly but pain relief and peppermint water/sweets along with gentle mobilisation will be helpful.

You will probably feel some pain and discomfort when you wake. You will be given strong painkillers for the first 48 hours. You will be given medication to take home with you to keep you comfortable.

You may also get gripping wind pains caused by bowel and stomach gas but there are medicines that can help. If you are constipated you may be given a laxative.

Diet

You will have a “drip” in your arm and this will continue until you are able to drink. Usually you start with a few sips and build up the amount (this is to stop you from being nauseous). The doctor/nurse will advise you when you can start a light diet and build up to eating normally. Little and often is usually acceptable for most people after surgery rather than waiting several hours and then eating a large meal.

Urine

During the operation, the doctors drain your bladder with a catheter. A catheter is a thin rubber tube that goes into your bladder and the urine drains into a bag by the side of your bed. The nurses will empty this. The catheter is removed, either late that night, or the following day, depending upon your Consultant’s wishes. They may decide to leave the catheter in longer if you are unable to walk to the toilet.

Bowels

It may take two to three days to have your bowels open. If you are having difficulty, the nursing staff can give you some medicine to help you open your bowels. You will also find it helps if you:

- Drink lots of fluids.
- Eat a high fibre diet (e.g. wholemeal or granary bread, fruit, vegetables, cereals).
- Keep having short walks and staying mobile.

Mobility/exercise

The first day after your operation you will be encouraged to mobilise straight away. You will be expected to move yourself, but the nurses will show you how and give you help if needed.

We encourage you to rest, but it is also important to start doing exercises as soon as you can. A physiotherapy booklet will be given to you to follow exercises after your operation. If you have any problems, the nursing staff can refer you to the physiotherapy team. Any time spent in bed, it is important for you to move around in order to relieve pressure on your heels and bottom.

Hygiene

Do not soak in a hot bath if you are bleeding vaginally as the hot water can induce bleeding. Showering is fine even if you are bleeding. If however, you do not have a shower then we recommend that you have a shallow bath with tepid water and do not use any bath products.

Wound and stitches

Wounds may be stitched with dissolvable stitches or stuck with glue and may be covered with steri-strips and small waterproof plasters.

Vaginal bleeding

Some surgeons may decide to insert a 'vaginal pack' (gauze ribbon) into your vagina during the last stages of your operation. The pack has been soaked in antiseptic fluid and is yellow in colour. You may notice some yellow discharge on your sanitary towel. You may experience abdominal discomfort and the sensation that you need to open your bowels, this is caused from the pressure of the packing. At the same time a vaginal drain may also be inserted to help drain excess blood loss.

The vaginal packing will be removed late evening or the following day by a nurse on the ward. The drain will be removed as soon as it has stopped draining, which is usually at the same time as the vaginal packing.

You may find that you have a bleed once the packing has been removed. The bleeding should then settle, but you may experience

vaginal bleeding for up to two weeks after your operation. If you experience pain whilst the pack is being removed, please ask the nurses for pain relief.

Your recovery

Recovery is a time-consuming process, which can leave you feeling very tired, emotionally low or tearful.

This often happens during the early days and is a normal reaction. The body needs time to build new cells and repair itself.

Before you go home

- Your catheter will have been removed and you will be able to pass urine without any problems. In rare cases you will be discharged home with a catheter to rest your bladder and then be booked in for removal of the catheter after a week.
- Your vaginal bleeding should have settled to a minimal amount.
- Some doctors request that patient's have their bowels open before being discharged home. The nursing staff can give you some laxatives to help if needed.
- You will be able to eat and drink. Often after surgery, eating little and often is best.
- You will be up and walking around.
- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your GP about your operation. This will be sent in the post.
- The nurse will explain any medication that has been prescribed for you to take home.
- You may be given an outpatient appointment for 6-8 weeks time for a post-operation check in the Gynaecology Outpatient's Department. Alternatively, patients are referred back to their GP.

Going home

- You will be discharged from hospital once you are medically fit. Your length of stay will be discussed with you in your Enhanced Recovery Appointment.
- You will need to arrange for someone to collect you to take you home, and someone to support you when you arrive home.

General advice – when you go home

Pain

You may have some initial discomfort and require pain relief. You will be given medication to take home to keep you comfortable. Usually this is an Anti-inflammatory (to reduce abdominal swelling after your operation).

We suggest you take Paracetamol to assist with pain symptoms as Codeine may cause constipation. Over time you will gradually be able to reduce the amount of pain relief that you require.

Diet

Eat a well-balanced diet including fruit and vegetables and try to drink at least 1 Litre of water as well as your normal drinks to avoid constipation. To help with the healing process, eat and drink on a regular basis – do not starve for hours and then eat a big meal, as this could make you feel bloated and uncomfortable. It may also help to cut down on bread and

pasta to help with a bloated abdomen. If you are feeling sick, you need to 'nibble' – little and often to break the "nausea cycle". Peppermint tea or hot water helps to break down gas in your body. Caffeine may aggravate your bladder, cut down your tea/coffee intake for the first few days and drink water/lemon barley/cranberry juice.

Urine

Initially it may be uncomfortable to pass urine following your operation. If you notice pain/burning/stinging when passing urine, an offensive smell, low backache or increased frequency, this may indicate an infection. See your GP as you will require a course of antibiotics.

Bowels

Constipation is one of the most common problems after surgery. Even if you have had your bowels open on the ward, you may find that you have problems with constipation when home. Apart from a fibrous diet, you may need to take stimulant laxatives. Docusate Sodium (dolculase) acts as a stimulant and as a softening agent.

Senokot® is also useful for a few days to help get your bowels back to normal function. You will also need to exercise – walk to help stimulate the bowel. We advise you have some laxatives ready to take at home on a regular basis until you resume your normal bowel routine.

Wound care

If you have dissolvable stitches, they will dissolve in their own time and do not need to be removed. Check your wounds after a couple of days – remove the plasters and leave to dry. If your clothes rub your wounds, you may need to keep them covered during the day. Steri-strips will usually peel off after a few days. Some people find Arnica tablets helpful with bruising after surgery. If your wounds have been stuck with glue, the glue also acts as a dressing and will fall off when ready.

Avoid using talcum powder, perfumed products, lotions or antiseptic gel on the area.

Vaginal bleeding

You may experience some vaginal bleeding when you go home. This is normal - it can last up to two weeks or more. You are advised to use sanitary towels and not tampons at this time. Some women do not bleed at all until they start to increase activity and then vaginal bleeding is noticed. If the bleeding becomes heavy with clots and you need to change pads often, or it changes to a dark brown discharge with an offensive smell, this could be the first sign of a vaginal infection – which is common after this type of surgery.

See your GP as you may require a course of antibiotics.

Mobility/exercise

Gentle exercise is good for you, but remember to build up gradually. Only do light household duties e.g. dusting, making a cup of tea etc. Do not carry heavy shopping, toddlers or heavy objects, move furniture, use the vacuum cleaner, gardening or drive a car. Be guided by how you feel and do not “push” yourself. It is important to carry on with the exercises in the physiotherapy booklet. You will need to continue with pelvic floor exercises to maximize the tone of your pelvic floor.

You can climb the stairs from the day you get home. Walking is good exercise. Start with 10 minutes a day and gradually build up. Because of the risk of infection, swimming is best left for about 3 weeks. More active sports like horse riding or aerobics, should be left until after your post-operation outpatient appointment. Do not resume any of these activities if you are still bleeding.

Work/activity

On discharge home from the hospital, you will be given a ‘fit for work’ certificate, for the length of time anticipated for you to recover. All patients recover at different rates so you may need to see your GP to get your sick certificate extended if you take longer than anticipated to recover. Time off work may also be different depending upon your occupation. Often it is a good idea to be checked over by your GP before returning to work.

Driving

From a surgical viewpoint, we recommend that you do not drive for about 1 week, but always check with your GP or hospital doctor first. Check your insurance policy, as each company has it’s own conditions for when you are insured to start driving again. Before you do, make sure you:

- are free from the sedative effects of pain relief
- are able to sit in the car comfortably and manage the controls
- are able to wear the seatbelt comfortably
- can turn comfortably to look behind you to manoeuvre

- are able to reach the pedals comfortably
- are able to manage an emergency stop.

Some insurers will not provide cover for 3 months after a major operation.

Sexual intercourse

We advise that you refrain from penetrative intercourse for at least six weeks to allow your internal wounds to heal. If you experience any problems with vaginal dryness you may find a lubricant useful or discuss with the Specialist Nurse Team.

Any complaints or comments?

If you have any complaints, please contact the doctors or nurses straight away at:

Royal Surrey County Hospital, Egerton Road, Guildford, Surrey
GU2 7XX.

Similarly, if you have any other comments about the service provided we would also like to hear from you.

For further information or advice

Surgical Short Stay Unit (SSSU)

- Telephone: 01483 571122 ext 6828 (Monday–Friday)

Gynaecology Outpatient’s Department

- Telephone: 01483 571122 ext 4173 (Monday–Friday, 9am–5pm
Answer phone)

If your stay is longer than 23 hours, you will be admitted to a surgical ward following your surgery.

To find out which ward, your relative can call ESU to be transferred to the appropriate ward.

Elective Surgical Unit (ESU)

- Telephone: 01483 571122 ext 2576

Compton Ward

- Telephone: 01483 571122 ext 4941

NHS Direct

- Telephone: 0845 4647
- www.nhsdirect.nhs.uk – Information on a range of women’s health topics, plus an online enquiry service.

NHS Clinical Knowledge Summaries (formerly PRODIGY)

- cks.library.nhs.uk – excellent patient information on a variety of common conditions and symptoms.

Women’s Health Concern

- Telephone: 01628 488065
- PO BOX 2126, Marlow, Bucks SL7 2RY
- www.womens-health-concerns.org – Women’s Health Concern produce information leaflets about hysterectomy, prolapse and associated health conditions.

Hysterectomy Association

- **Telephone:** 0871 78 111 41
- 60 Redwood House, Charlton Down, Dorchester, Dorset DT2 9UH.
- **www.hysterectomy-association.org.uk** – Information and support about hysterectomy. The website contains an online discussion area for patients and their families.

National Osteoporosis Society

- **Telephone:** 01761 471771
- Camerton, Bath BA2 0PJ
- **www.nos.org.uk** – Information about osteoporosis and relevant treatments.

Reference sources

- About your Hysterectomy – A Patient Information Leaflet
- Laparoscopic Hysterectomy – A Patient Information Leaflet
Obstetric and Gynaecology Department © Royal Surrey County Hospital NHS Trust 2006
- About your Hysterectomy
Provided as a service to Medicine by Ciba Laboratories
- Diagrams courtesy of Patient Pictures Gynaecology, Michael Stafford (1996)

Notes

Royal Surrey County Hospital (RSCH) NHS Foundation Trust fully subscribes to the National Patient Safety Agency (NPSA) Being Open best practice framework, November 2010.

Contact details

Day Surgery Unit

Telephone: 01483 571122 **ext** 6977 (Monday–Friday)

Surgical Short Stay Unit

Telephone: 01483 571122 **ext** 6828 (Monday–Friday)

Gynaecology Department

Telephone: 01483 571122 **ext** 4173

(Answer phone, Monday–Friday, 9am–5pm)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Future review date: January 2021

Author: Fiona McDonald

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