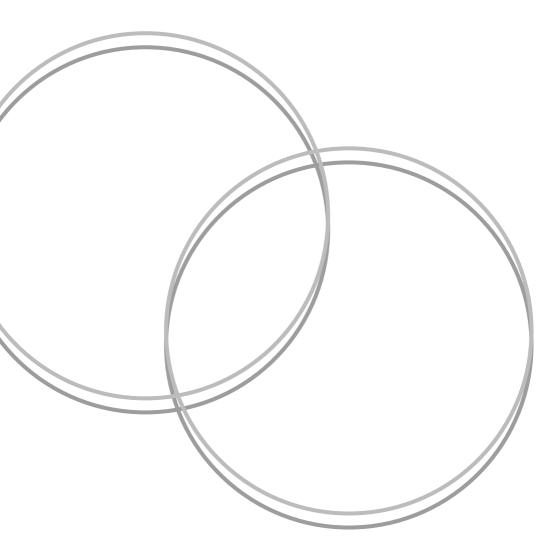
Oxford University Hospitals NHS Foundation Trust

Day case laparoscopic hysterectomy

Information for patients



What is a Laparoscopic Hysterectomy?

Laparoscopic hysterectomy involves removal of your womb with or without your cervix and/or your ovaries through keyhole surgery. As part of your treatment, your surgeon may also remove lymph glands in your pelvis.

Keyhole surgery enables you to make a faster recovery and return to your normal activities with an earlier discharge from hospital. It also means you are likely to have less pain after your surgery compared to major open surgery.

Laparoscopic hysterectomy can be done as a day case procedure so you can be discharged home on the same day as your surgery.

What does this mean for you?

You might be eligible for day case management and discharge the same day following your laparoscopic hysterectomy. This will depend on many factors which will be thoroughly assessed by our gynaecology and anaesthetic teams.

If your operation is in the morning, you will be discharged home later that evening around 6 hours after your operation. You must arrange to have a responsible adult who is able to stay with you for the first 24 hours after your operation.

If your operation is in the afternoon, you are likely to be discharged home the following morning, however it may be possible to discharge you the same evening.

If you have any concerns about being discharged home on the same day as your operation, please speak to your doctor or nurse.

Will I be followed up?

If you are discharged home on the same day as your operation, we will contact you via phone the next day to see how you are doing. Please ensure we have your current phone number.

You might be followed up a few weeks after your surgery, either in person or over the telephone, to see how you are doing and discuss whether further treatment or investigations are needed. For some people this is not necessary, and we will only need to write to you with the lab results.

What to expect after discharge?

Most people recover within 4-6 weeks after a laparoscopic hysterectomy without any problems.

You should be able to eat and drink as normal after discharge and walk around your house without any difficulty. Mobilising around your house will help you to reduce the risk of complications and improve your recovery.

Your surgical team will prescribe regular painkillers, anti-sickness medication and laxatives, to be taken at home.

You are likely to have up to 5 small incisions on your tummy (around 0.5-1 cm each) which will probably be secured with stitches and glue that dissolve and usually do not need to be removed. However, sometimes the stitches do not dissolve and remain in the skin. If you can still see the stitch after 10 days, you should make an appoint with your practice nurse at the GP surgery to have it removed. You should avoid having baths for 4 weeks after the operation to reduce the risk of postoperative infection.

Light vaginal bleeding or discharge is normal after a hysterectomy. It can be watery, bloody or have dark colour and it can vary in amount and duration. It is usually lighter than a period and often settles within 4-6 weeks. Use sanitary towels instead of tampons to reduce the risk of infection.

You should avoid having sexual intercourse for 6 weeks after your surgery to allow the wound at the top of the vagina to heal. You should also avoid lifting, pulling, pushing heavy things and avoid strenuous activity for 6 weeks after the operation, to ensure that the tissue has properly healed and reduce the risk of postoperative hernias. Please let the surgical team know if you will require a sick note.

When to contact us?

Please get in touch with us if you have any of the following:

- Increasing abdominal pain that is not manageable with painkillers at home.
- Heavy bleeding (soaking more than 1 to 2 sanitary pads under 1 hour).
- Inability to pass urine.
- Light-headedness or feeling faint.
- Persistent vomiting, inability to keep food or fluids down.
- Inability to pass wind from back passage or to open bowels.
- Severe bruising on your tummy or any bleeding /oozing from your surgical scars.
- Any other concerns you have about your recovery after your discharge.

How to contact us

If you have concerns in the first 72 hours after discharge please contact:

Gynaecology Ward and Triage

Level 1, Women's Centre, John Radcliffe Hospital, Oxford, OX3 9DU **Triage telephone**: 01865 222 011 **Ward telephone**: 01865 222 001 or 01865 222 022 (24 hours a day, 7 days a week)

If you have any concerns after 72 hours please contact your own GP or out of hours service, including NHS 111 or attend A&E if you need urgent care.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Christina Pappa and Gynaecology Ward March 2025 Review: March 2028 Oxford University Hospitals NHS Foundation Trust www.ouh.nhs.uk/information



Hospita Charity

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk