

Women's Service

Laparoscopic Hysterectomy

Information for patients



Information for Patients

This leaflet is for women who have been advised to have a laparoscopic hysterectomy. It outlines the common reasons doctors recommend this operation, the potential benefits as well as risks, what will happen when you come into hospital, and what to expect when you go home.

If you have any questions about the information in this leaflet, or any concerns about the procedure, please telephone one of the numbers below and ask to speak to a member of the nursing staff.

John Radcliffe Hospital, Oxford

Gynaecology Ward: 01865 222001 or 222002
Day Surgical Unit: 01865 222014

Horton Hospital, Banbury

Pre-operative assessment: 01295 229375
Gynaecology Ward: 01295 229088
Day Case Unit: 01295 229155

What is a laparoscopic hysterectomy?

Laparoscopic hysterectomy is an operation to remove the uterus (womb) through four small cuts on the abdomen below the navel. This is known as keyhole surgery. Sometimes the ovaries and fallopian tubes are removed at the same time, which is called a salpingo-oophorectomy.

In a **total hysterectomy** the surgeon will remove the womb and the cervix (neck of the womb). In a **sub-total hysterectomy** the surgeon removes the upper part of the womb, but not the cervix.

You and your doctor should discuss the advantages and disadvantages of removing your **ovaries** or leaving them in (conserving them).

Why do I need a hysterectomy?

A hysterectomy may be carried out to treat many different conditions. These include:

- Heavy or irregular periods
- Fibroids
- Suspected or proven cancer of the womb or cervix

You may have been given advice on alternatives to surgery such as drug treatments, coils or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors. (Please see Alternatives on page 6 for further information.)

If you have a hysterectomy:

- You won't have any more periods
- You can't become pregnant – so there's no need for contraception

A hysterectomy does **not mean:**

- Premature ageing
- Becoming less of a woman or losing your sex drive
- A space left inside your body. This does not happen as the bowel naturally moves to fill the space.

How will a hysterectomy help me?

The benefits of hysterectomy depend on the type and severity of problems that you are having. Your hysterectomy may be part of a continuing treatment or it may mean the end of a health problem.

Your surgeon will discuss with you the chances of a hysterectomy leading to a cure or improvement in your condition. You should weigh this against the severity of your condition and other

available treatments, and also against the risk of not having the operation.

- Overall, over 90% of women who have a hysterectomy are satisfied with the operation¹.
- Problems like very heavy periods and any related pain will be cured by total hysterectomy.
- The benefits of a laparoscopic procedure include less pain, quicker recovery, and less scarring both inside and outside on the abdomen as compared to an abdominal hysterectomy².

Sub-total hysterectomy or total hysterectomy?

In a sub-total hysterectomy the cervix is not removed. There are several **potential benefits** to this:

- The operation is easier and quicker
- The risk of damage to your bladder or ureters (tubes from your kidney to your bladder) is lower
- The risk of you suffering a prolapse of the vagina in future is reduced
- You will lose less blood during the operation
- You are likely to spend less time in hospital
- You are less likely to develop a fever after your operation

However, there are some **possible disadvantages** of sub-total hysterectomy:

- You may still experience spotting every month at the time of your periods – this occurs in about 6% of women
- The cervix continues to be a potential site for cancer in the future and you will still need regular smears

¹Lethaby A, Shepperd S, Cooke I, et al. Endometrial resection and ablation versus hysterectomy for heavy menstrual bleeding. In: The Cochrane Library, Issue 3, 2003.

²Methods of hysterectomy. Systematic Review and meta-analysis of RCTs. Johnson N., Barlow D., Lethaby A., Tavender E. et al. BMJ June 2005.

The risks of hysterectomy

There are risks associated with all operations. Although hysterectomy is a relatively safe operation and serious side effects are not very common, it is still a major operation. You need to be aware of the risks when deciding on the right treatment for you. Your surgeon will help you to weigh up the risks and benefits and what the alternatives may be for you.

- **Damage to the bladder or bowel:** During the operation the surgeon may accidentally damage organs that are nearby. Damage to the bladder or one of the tubes which drain the kidneys (the ureters) occurs in about 1 in 150 women. Very rarely there can be damage to the bowel - 1 in 2500 women.

The risk of damage to surrounding organs is higher in women who have had previous operations like caesarean sections or women with endometriosis. If such damage occurs, you may need an additional operation which was not planned. This happens in about 1 in 500 women.

- **Excessive bleeding** – this may occur during the operation (about 1 in 50 women), or after the operation (about 1 in 75 women). If this happens you may require a blood transfusion or you may need to return to the operating theatre to stop the bleeding.

If you do not wish to have a blood transfusion under any circumstances, please discuss this with the surgeon before your operation.

- **Blood clots (deep vein thrombosis)** in the legs or lungs. Blood clots can form in a leg vein - this occurs in less than 1 in 250 women. A blood clot can move to the lungs causing a very serious condition called pulmonary embolism. You will be given preventative treatment to reduce the risk of blood clots forming.
- **Infection** – rarely, infection may occur inside the abdomen

or pelvis (1 in 500 women). Infection may also affect the bladder, lungs, or the cuts on your abdomen. Most infections are easily treated with a course of antibiotics, but others can be more severe.

- **Laparotomy** – a larger cut on the abdomen may be required if there is excessive bleeding or if the surgeon has difficulty reaching your womb through the smaller cuts. This happens in 1 in 40 women.

The alternatives to hysterectomy

Drug treatments can be used to reduce menstrual blood loss. A Mirena coil may have a beneficial effect in reducing menstrual blood loss in a normal sized uterus but is less effective than endometrial ablation (TCRE). However, hysterectomy reduces blood loss and reduces the need for further surgery compared with medical treatment or endometrial ablation, but can lead to complications in up to a third of women.³

Before you come into hospital

Plan ahead - when you come out of hospital you are going to need extra help at home for the first 2 weeks. Make sure your family know this too.

Smoking – if you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes to recover. Perhaps this is a good opportunity to give up completely. If you are not able to stop completely, even doing so for a few days will be helpful. You will not be able to smoke while you are in hospital.

Medicines – some medicines need to be stopped or altered before the operation. You should check this with your GP. In particular, the contraceptive pill should be stopped at least 4 weeks beforehand and another method of contraception used.

³BMJ. Clinical Evidence.com

If you are anaemic then your GP will advise iron supplements before surgery.

What happens during the operation?

The anaesthetic

You will meet the anaesthetist before your operation and have the opportunity to ask any questions about the anaesthetic. The anaesthetist will also tell you about pain relief after your operation.

You will usually be given a general anaesthetic to put you to sleep during the operation. A regional anaesthetic is an alternative, where feeling is blocked out in the lower part of your body. The anaesthetist will discuss with you which is most appropriate.

Once you are in the anaesthetic room, next to the operating theatre, a needle will be placed in your arm or wrist and attached to a drip to give you fluids and medicines. This will stay in place until you are drinking normally after the operation. Sticky pads will be attached to your chest to connect you to a machine to monitor your pulse, breathing and blood pressure.

The operation

After you are anaesthetised, a hollow needle is inserted into the abdomen through a small cut beneath the navel, and carbon dioxide gas is pumped through the needle to expand the abdomen. This allows the surgeon a better view of the internal organs. The laparoscope is then inserted through this cut to look at the internal organs on the video monitor.

Usually three additional small cuts (the size of a finger nail) are made along the 'bikini line' to insert other instruments which are used to lift the tubes and ovaries and to perform the surgical procedure. In a total hysterectomy the womb is removed through the vagina; in a sub-total hysterectomy the womb is removed through the abdomen.

What happens after the operation?

The first few days

When you return to the ward you are likely to be very sleepy for the rest of the day. There may be a catheter (flexible tube) in your bladder to drain your urine, which will be removed within a day or two.

Most women experience some pain or discomfort for the first few days and we will offer you painkillers to help with this. For the first 24 - 48 hours after the operation you may have a Patient Controlled Analgesia (PCA) pump connected to the drip in your arm. This is a way of giving you strong painkillers through a syringe pump which you can control yourself. When you need pain relief, you can press the button on the pump and give yourself a dose of painkillers. Is it not possible to give yourself too much in one go. If you do not have a PCA pump we will offer you strong painkillers by injection to control your pain.

After the first couple of days you will have the choice of tablets or suppositories for pain relief. We will encourage you take painkillers, as being pain-free will speed up your recovery. Having an anaesthetic, being in pain and having strong painkillers may make you feel nauseous or sick and we can give you an injection or tablets to help with this. Many women also get wind pains a few days after the operation, which can be uncomfortable and make the tummy look swollen. This should not last long and can be relieved by medicines, eating and walking about.

You may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons. Your vaginal loss should change to a creamy discharge over the next 2-3 weeks. (If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.)

Going home and your longer term recovery

Most women will stay in hospital for about 2-3 days after a laparoscopic hysterectomy, but it could be longer. Your exact day of discharge will depend on the reasons for your operation, your general health and how smoothly things go after surgery.

It is important to remember that everyone's experience is different and so it is best not to compare your own recovery with that of others on the ward.

Many women feel emotionally low or tearful for a few days after their operation. This is a natural reaction and you should try not to worry about it. It may take 6 to 8 weeks to recover and get back to your normal routine. Your body has been through a lot of stress and needs time repair itself.

Longer term emotional reaction

Some women feel emotionally low for a longer period. This depends on many factors, including the reason for your operation, how emotionally prepared you are for it, timing of the operation, and whether your problem is cured. Some women may feel depressed because they can no longer have children. If these problems persist you should discuss them with your GP. The organisations listed at the end of this leaflet can provide further information and support.

Sex after hysterectomy

We advise you to avoid penetrative intercourse for about 6 weeks, until everything has healed up and you've had your check-up with your doctor. You may experience a change in sexual response after the operation. Many women say their sex life is improved because there is no longer discomfort or the risk of pregnancy. If your ovaries have been removed, vaginal dryness may be a problem during sex. A lubricating gel, which you can buy from the chemist, may help. Your doctor can also advise you about oestrogen cream or hormone replacement

therapy. Because the womb has been removed, contractions that may have been felt during orgasm will no longer occur.

Exercise and weight gain

Initially, because you are feeling better, experiencing reduced levels of activity and an increase in appetite, you might tend to put on weight. By paying attention to what you eat and increasing your activity level as you recover, weight gain need not be a problem. Walking is an excellent way to exercise. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally good.

Driving

We recommend that you do not drive for 2 weeks and then check with your doctor at your follow up appointment before starting to drive again. (It would be advisable to also check with your insurance company about when you can start to drive again.) It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop without it hurting.

Cervical smears

If you have had a total hysterectomy (the cervix has been removed) you will no longer need cervical smear tests. If the cervix has not been removed, you will need to continue to have cervical smears.

Hormone Replacement Therapy (HRT)

The decision to use HRT is a personal one. If your ovaries are not removed, there is no need to use HRT. If your ovaries are removed, your medical team will discuss HRT with you.

Further information and help

Women's Health Concern

<http://www.womens-health-concern.org>

Women's Health Concern provides an independent advice and information service about women's health concerns.

The Hysterectomy Association

<http://www.hysterectomy-association.org.uk>

Telephone Helpline: 0844 357 5917

(For quick questions and answers. Details of how to access other telephone support are available on the website.)

NHS Direct Online

<http://www.nhsdirect.nhs.uk>

Telephone advice line: 0845 4647

The Physiotherapy Department

Women's Centre

John Radcliffe Hospital

Tel: 01865 221530

Women's Health Physiotherapist

Horton Hospital

Tel: 01295 229432

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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