



Total Laparoscopic Hysterectomy

What is a Laparoscopic Hysterectomy?

A laparoscopic hysterectomy involves removing the uterus (womb) through the abdomen using keyhole surgery. The operation typically lasts between one to two hours and is performed in hospital under a general anaesthetic and/or spinal anaesthetic. A laparoscope, which is a thin telescope with a light source, is passed through a small cut in your bellybutton. Additional small cuts, about a centimetre in length, are made at other points on the tummy, through which other instruments are inserted to carry out the operation.

You will have two to four small scars on different points of your abdomen, between 0.5 to 1cm in length. These are closed with dissolvable stitches.

Will my ovaries be removed?

The decision to remove your ovaries depends on the reason for doing the hysterectomy, you may discuss this with your surgeon. Removing the ovaries will cause you to go through the menopause, so you may be advised to take Hormone Replacement Therapy (HRT), dependent on your age at the time of your operation.

What are the risks involved?

Most women will have an uncomplicated hysterectomy without any problems; however it is important to be aware of the complications before deciding to go ahead with the surgery so you can make an informed decision. Below are some examples, but not limited, of short and long-term complications:

Short-term complications	Long-term complications
Bleeding	Chronic or on-going Pain
Infection	Vaginal Prolapse
Pain	Difficulty passing urine
Damage to bowel, bladder, blood vessels or the ureters (tubes between the kidney and bladder)	Formation of scar tissue (adhesions) within the pelvis
Clots in the legs or lungs	



Total Laparoscopic Hysterectomy

Before the surgery your surgeon will talk through the risks and ask you to sign a consent form if you are happy to proceed.

How will I feel immediately after the operation?

Pain

It is likely you will have some pain and discomfort, but you will be given painkillers whilst in hospital and to go home with if you require them.

Bladder

You will have a catheter (tube) in your bladder to drain urine so you don't need to walk to the toilet, which will normally be removed 12 hours after surgery or when you are mobile. If you have problems passing urine you may need a catheter for a few days.

Bowels

You can normally eat and drink within a few hours of surgery. You might also have some trapped wind, which can cause discomfort. This can be relieved by medication such as peppermint water, and getting up and out of bed. Once your bowels start to move this will ease. Some painkillers such as codeine and morphine can also cause constipation, so you may be given a mild and gentle laxative to ease this.

When can I go home?

In most cases you will be able to go home one to two days after the operation.

How long will it take me to recover?

This varies from person to person. Full recovery normally takes between six to eight weeks, but it can take some ladies up to three months.

Looking after my wounds

These will be covered with dressings, which you can normally remove before you leave hospital. The stitches are all dissolvable, do not need to be removed and will dissolve within a few weeks.

You can have a shower the day after your operation. You may get the wounds wet as long as you pat them dry them with clean, disposable tissues or allow them to dry in the air. It is important not to use any products such as creams or soap on the wounds whilst they are healing.

Vaginal Bleeding

It is common to have some light vaginal bleeding after surgery, which can last up to six weeks. If you are bleeding heavily or have an offensive smelly discharge or on-going pain you should contact the hospital or your GP surgery. It is important to avoid using tampons to reduce the risk of infection.



Total Laparoscopic Hysterectomy

Preventing clots in the legs or lungs

There is a small increased risk of developing blood clots in the legs or lungs (deep vein thrombosis/pulmonary embolism) after surgery, so you will be given compression stockings to wear on your legs whilst in hospital and to take home with you.

Some women may also require injections with heparin to make the blood less 'sticky' as an added precaution to prevent blood clots forming. This will be prescribed for you before you leave hospital if you need it. The best way to reduce the risk is to be as mobile as you can, as soon as you can after surgery.

Getting back to normal (work, travel, sex and driving)

- You should avoid heavy lifting and not drive until you are safe to perform an emergency stop, which is commonly three to eight weeks after surgery, but check your driving insurance policy.
- Normally it will be at least six to eight weeks before you are able to return to work, this depends on the nature of your job and how active it is.
- We advise you should wait at least four to six weeks before having sex. You do not need any contraception after your hysterectomy.
- If you are considering travelling abroad during your recovery, discuss this with your doctor and travel insurance company.

More Information

For more information please speak to a health care professional, however you may find the following websites useful:

The Hysterectomy Association –
<https://www.hysterectomy-association.org.uk>

Royal College of Obstetrics and Gynaecology -
<https://www.rcog.org.uk/en/patients/patient-leaflets/abdominal-hysterectomy>

References:

1. <http://patient.info/health/hysterectomy-leaflet>
2. <https://www.hysterectomy-association.org.uk/>
3. <http://patient.info/health/laparoscopy-and-laparoscopic-surgery>
4. <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/abdominal-hysterectomy.pdf>



Total Laparoscopic Hysterectomy

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

Document Control

Division: Women & Children's
Department: Gynaecology
Approved Date: 21 March 2019
Next Review Date: April 2022
Document Number: W&C - PIL0054