

Having a hysterectomy by keyhole surgery

Department of Gynaecology

Information for Patients

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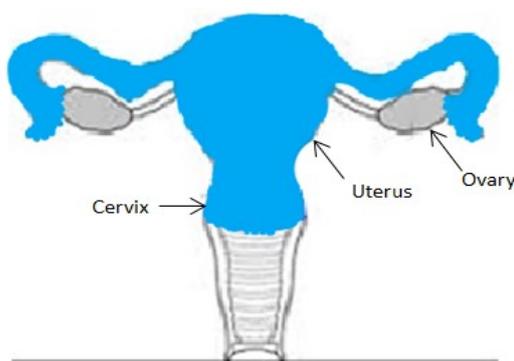
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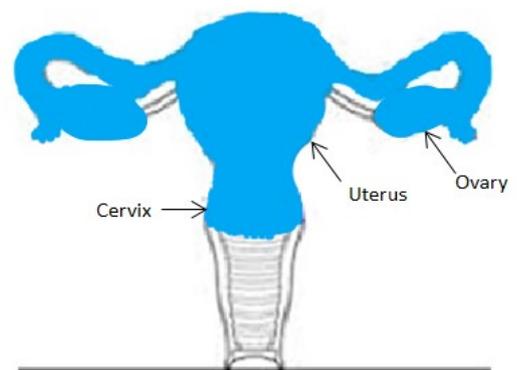
What is a laparoscopic hysterectomy?

This is a major operation to remove the womb (uterus) through small cuts (incisions) in the lower abdomen (tummy) and a cut at the top of the vagina. The womb and the fallopian tubes (and sometimes ovaries) are then removed. The type of hysterectomy you have will depend on your wishes, circumstances and the reason for the hysterectomy. You will have talked about this with your gynaecologist before planning the operation. Sometimes a keyhole approach is not possible in which case a larger cut on the tummy is needed. This is called an abdominal hysterectomy. If there is also a prolapse in the vagina the operation can be combined with a vaginal wall repair. (see leaflet 1090 : [Treatment options for vaginal prolapse](http://yourhealth.leicestershospitals.nhs.uk/) available on YourHealth <http://yourhealth.leicestershospitals.nhs.uk/>)

:A laparoscopic hysterectomy is better for you as your stay in hospital is usually shorter, you recover faster and pain is less than with an open operation.



Total hysterectomy & bilateral salpingectomy - removal of womb cervix and tubes - shaded part removed



Total hysterectomy & bilateral salpingo - oophorectomy - removal of womb cervix tubes and ovaries - shaded part removed

Health information and support is available at www.nhs.uk
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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Why do I need a laparoscopic hysterectomy?

A hysterectomy is usually performed when other treatments have not improved your symptoms or if you have or might have cancer. It may be recommended for problems such as:

- heavy and/ or painful periods.
- prolapse - you may also need a repair of the vaginal wall and removal of the tubes and ovaries.
- adenomyosis or endometriosis.
- pre-cancerous changes in the womb lining (endometrial hyperplasia that has not responded to hormone treatment or you are not able to take hormones).
- endometrial, cervical or ovarian cancer (if this is suspected you will be referred to a cancer specialist).
- severe pre-menstrual syndrome.

An open operation is more likely to be needed if you have large fibroids/ endometriosis/ chronic pelvic inflammatory disease, as these diseases will make keyhole surgery more difficult and risky.

What are the potential risks of having a laparoscopic hysterectomy?

- **Pain** is common and is managed with regular painkillers. Long term pain from internal scarring after major surgery happens in 2 to 15 in 100; this is seen less with a keyhole approach.
- New or continued **bladder problems** such as leaking, passing urine often or difficulty passing urine.
- **Painful sex** from dryness or scarring due to narrowing of the top of the vagina.
- **Infection** (lungs, skin, urine or in the tummy) happens in 10 to 20 in 100, and pelvic collection (pocket of infection on the tummy) or abscess is seen in 2 in 1000.
- **Poor wound healing**, lumpy scars (keloid).
- **Hernia at the small incisions** (port site hernia) (less than 1 in 100).
- **Damage to the intestine** (2 to 4 in 1000), **bladder or ureters** (tubes that carry the urine from the kidneys to the bladder (1 to 3 in 100). Damage will usually be repaired during the same operation and have little or no long term effects.
- **Heavy bleeding** - common (1 to 3 in 100). Blood loss is usually less than with an open operation. If you bleed heavily you may need to be given an emergency blood transfusion.
- **Vaginal prolapse** either the top of the vagina or vaginal walls.
- **Vaginal vault dehiscence** — this is where the top of the vagina reopens. It is more common with keyhole surgery (laparoscopic) (1 to 2 in 100) compared to an open operation, especially if women have sex too soon (before the 6 week check up) or where there has been a pelvic collection/ infection.

While the above complications are more common, the following rare complications can sometimes happen:

- Anaesthetic problems - these are extremely rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000; risk of death 1 in 100,000.
- Blood clot in the vein of the leg (Deep Vein Thrombosis) which can break off and go to the lung (Pulmonary Embolism) (4 in 1000).
- Heart attack, stroke or kidney failure.

Additional procedures which can sometimes be needed:

- Changing to an open operation (5 to 26 every 100 operations).
- Repair of accidental damage to intestines/ bladder/ ureters
- Unplanned removal of the ovary/ovaries if unsuspected disease is found during the operation

What do I need to do before the operation?

If you need to have a hysterectomy, its important to be as fit and health as possible. Good health before your operation will help reduce your risk of developing complications and speed up your recovery.

- If you smoke, try to stop smoking.
- Eat a healthy, balanced diet and try to lose weight if you are overweight.
- Exercise regularly.

You will need to have a pre-assessment appointment a few days before your operation. This will involve having some blood tests and a general health check to ensure that you are fit for surgery. It is also a good opportunity to discuss any concerns that you have and to ask questions.

What happens during the procedure?

Once you are fully asleep, a tube (catheter) will be inserted into the bladder to drain urine away and you will be examined. 3 to 4 cuts will be made in the lower tummy to insert the camera and instruments. The blood vessels and ligaments supporting the womb and fallopian tubes are cut (and to the ovaries if they are also being removed). This releases the womb and tubes (and ovaries if being removed) from their blood supply and attachments so that the womb can be removed through a small cut around the cervix at the top of the vagina. The tissues removed are then sent for analysis. The top of the vagina is sewn up. If a vaginal repair is also needed please see the leaflet '[Treatment options for vaginal prolapse](#)' which can be found at www.yourhealth.leicestershospitals.nhs.uk

A pack (long strip of gauze) is sometimes placed in the vagina like a big tampon. This helps to reduce bleeding. It will usually be taken out along with the catheter the next day by the nurses. The cuts in your tummy are then closed after a final check inside. Once the operation is finished you

will wake up in the recovery area where you will stay for about 1 hour before going back to the ward.

Recovering from a laparoscopic hysterectomy

After having a hysterectomy, you may wake up feeling tired and in some pain. This is normal after this type of surgery.

You will be given painkillers to help with any pain and discomfort and anti-sickness medicines. You will have a drip in your arm and a catheter in the bladder. There may be a pack in the vagina. The catheter and pack will usually stay in place for 1 day or night. Dressings will be placed over your wounds.

The day after your operation, you will be encouraged to take a short walk. This helps your blood to flow normally, reducing the risk of problems developing, such as blood clots in your legs (deep vein thrombosis). A physiotherapist may show you how to do some exercises to help you move around. They may also show you some pelvic floor muscle exercises to help with your recovery.

After the catheter has been removed, you should be able to pass urine normally. Any stitches will usually be dissolvable.

Your recovery time

The length of time it will take before you are well enough to leave hospital will depend on your age and your general level of health. It will usually be between 1 or 2 days before you are sent home.

You can expect pain and discomfort in your tummy for at least a few days after your operation. You may also have some pain in your shoulder. This is common with keyhole surgery. When leaving hospital, you should be given painkillers and laxatives. Sometimes painkillers that contain *Codeine* or *Dihydrocodeine* can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. Take painkillers regularly to reduce your pain so you can get out of bed sooner, stand up straight and move around, all of which will speed up your recovery and help to prevent blood clots in your legs or your lungs. It takes about 6 to 8 weeks to fully recover after having a hysterectomy. During this time, you should rest as much as possible and not lift anything heavy, such as bags of shopping. Your tummy muscles need time to heal.

Short term issues

After having a hysterectomy, you may have some short term issues:

Bowel and bladder issues

After your operation, there may be some changes in your bowel and bladder functions when going to the toilet.

Some women develop urinary tract infections or constipation. Both can easily be treated. It's recommended that you drink plenty of fluids and increase the fruit and fibre in your diet to help with

your bowel and bladder movements.

For the first few bowel movements after a hysterectomy, you may need laxatives to help avoid straining. Some people find it more comfortable to hold their tummy to provide support whilst going for a poo.

After your operation your bowel may temporarily slow down, causing air or 'wind' to be trapped. This can cause some pain and discomfort until it is passed. Getting out of bed and walking around will help. Peppermint cordial with water or tea may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Vaginal discharge

After a hysterectomy, you will have some vaginal bleeding and vaginal discharge. This will be less discharge than during a period, but it may last up to 6 weeks.

Some women have little or no bleeding initially, and then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection. Contact the ward or GP if you have heavy vaginal bleeding, start passing blood clots, have an offensive smelling discharge or feel feverish or unwell.

Menopausal symptoms

If your ovaries are taken out, it is likely you will experience menopausal symptoms after your operation. These may include

- hot flushes
- night sweats
- anxiety
- mood swings
- weepiness
- vaginal dryness
- low sex drive
- poor sleep

You may be able to have hormone replacement therapy (HRT) after your operation. It usually takes around a month before it helps with the symptoms. You will have discussed this with your gynaecologist before the operation and they or your GP can prescribe HRT after your surgery.

Emotional effects

You may feel a sense of loss and sadness after having a hysterectomy. These feelings are particularly common in women with advanced cancer, who have no other treatment option. Some

women who have not yet experienced menopause may feel a sense of loss because they are no longer able to have children. Others may feel less “womanly” than before. In some cases, having a hysterectomy can be a trigger for depression. See your GP if you have feelings of low mood that won’t go away. They will be able to advise you about various available treatment options.

Talking to other women who have had a hysterectomy may help by providing emotional support and reassurance. The Hysterectomy Association (see “More Information” at the end of this leaflet) also provides hysterectomy support services, including a one-to-one telephone support line, counselling, and “preparing for hysterectomy” workshops.

Getting back to normal

Returning to work

How long it will take for you to return to work will depend on how you feel and what sort of work you do. If your job does not involve manual work or heavy lifting, it may be possible to return to work after 4 to 8 weeks.

Driving

Don’t drive until you are comfortable wearing a seatbelt and can safely perform an emergency stop. This can be anything from between 3 to 8 weeks after your operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies require a certificate from a GP stating that you are fit to drive. Check this with your car insurance company.

Exercise and heavy lifting

After having a hysterectomy, the hospital where you were treated should give you information and advice about suitable forms of exercise while you recover.

Walking is always recommended, and you can swim after your wounds have healed, Don’t try to do too much, because you will probably feel more tired than usual.

Don’t lift any heavy objects during your recovery period. If you have to lift light objects, make sure that your knees are bent and your back is straight.

Sex

After a hysterectomy, it’s strongly recommended that you don’t have sex for 6 weeks at least and not until any vaginal discharge has stopped and you feel comfortable and relaxed. There is a higher risk of the vagina reopening if you have sex before 6 weeks.

You may experience some vaginal dryness, particularly if you have had your ovaries removed and you are not taking HRT. You can try some vaginal moisturisers such as **Yes VM** applicators or see your GP for a prescription for vaginal oestrogen if you are able to use this.

Many women also experience an initial loss of sexual desire (libido) after the operation, but this usually returns once they have fully recovered.

Studies show that pain during sex is reduced and that strength of orgasm, libido and sexual activity all improve after the hysterectomy.

Contraception

You no longer need to use contraception to prevent pregnancy after having a hysterectomy. You will still need to use condoms to protect yourself against sexually transmitted infections (STI's).

When will I get the results of the analysis of the tissues removed?

Your doctor will either let you know the results as soon as possible by post or in a follow-up appointment. If you have not had your results after 4 weeks please get in touch with your consultant's secretary.

More information

The Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/patient-leaflets/laparoscopic-hysterectomy/>

[Hysterectomy Association](#)

Contact details

For questions about your procedure before your operation:

Pre-assessment: 0116 258 4839

If you have any concerns after the procedure you can call:

Ward 11 Leicester General Hospital: 0116 258 4910 (Mon to Fri 8.00am to 6.00pm)

Gynaecology Assessment Unit (GAU) Leicester Royal Infirmary: 0116 258 6259 (24 hours everyday)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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