

Patient Information sheet – Total laparoscopic Hysterectomy

What is Total Laparoscopic Hysterectomy?

This is a procedure performed to surgically remove the uterus using a small telescope (laparoscope).

Will I require any additional procedures during surgery?

You may require some additional procedures such as Oophorectomy or Salpingo-Oophorectomy. This will be decided following visualization of the abdominal cavity after insertion of the laparoscope by the attending doctor; depending on the diagnosis and your gynaecological condition. This will also depend on your age. Many Gynaecologists approve preservation of the ovaries in young females in order to prevent symptoms of premature menopause, which can be quite distressing.

If surgery is performed due to some cancerous lesion, you may additionally have to have your pelvic lymph nodes and/or omentum (organ surrounding bowels).

What are the benefits of this procedure?

These include benefits of laparoscopic surgery which are reduced hospital stay, less pain, faster wound healing and cosmetic benefits due to small surgical incisions.

In addition:

- ✓ Total Abdominal Hysterectomy: with bilateral salpingectomy. The aim is to take out the womb (uterus), neck of the womb (cervix) and both fallopian tubes to stop periods (menstruation). This may be performed if you are presenting with heavy periods, providing that you have no further fertility wishes.
- ✓ Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy: The aim is to remove the womb (uterus), neck of the womb (cervix) and both fallopian tubes and ovaries. This is to stop periods (menstruation) and activity of hormones.
- ✓ This surgery may also be performed if you're suspected to have cancerous lesions in relation to the reproductive organs.

What are the risks and complications of this procedure?

Risks and complications can be classified as serious or frequently occurring risks.

Risks specific to laparoscopy:

Major risks:

- ✓ Major complications from laparoscopy occur in approximately 2 in every 1 000 women. (Very rare)
- ✓ Failure to achieve access in to the abdominal cavity and to finish the planned procedure
- ✓ Damage to bladder, bowel, major blood vessels or uterus which may require urgent repair by laparoscopy or laparotomy (making an open incision in the tummy) (< 1%, uncommon). Up to 15% of the bowel injuries may not be identified at the time of the surgery.
- ✓ Hernia at site of entry
- ✓ Very rarely death; 3 to 8 in every 100 000 women undergoing laparoscopy die due to the complications.

Common risks:

- ✓ Bruising of the wound
- ✓ Pain in Shoulder-tip
- ✓ Gaping of the wound
- ✓ Infection of the wound

Risks associated with General Anaesthesia

Generally, the risk to you will depend on whether you have any other illness (co-morbid conditions), personal factors (smoking/ having overweight or obesity) or previous complicated surgery (lasted long duration or done in an emergency).

1. Very common and common side effects (occur in 1 in 10 or 1 in 100 patients)

Headache ,feeling sick and vomiting after the operation, faintness, sore throat , blurring vision, pains, backache, itching, pain during injection of drugs, bruising and soreness, confusion or memory loss.

2. Uncommon side effects (occur 1 in 1000 patients)

Damage to teeth, tongue or lips, Chest infection, muscle pains, bladder problems, slowing of breathing, worsening of the already existing medical disease, becoming conscious during the time of operation.

3. Rare or very rare complications (occur 1 in 10,000 or 1 in 100,000 patients)

Serious allergy to drugs, damage to the eyes, nerve damage, death, failure of equipment.

Before the procedure:

You will be required to remain fasting for a minimum of 6 hours for solids and 2 hours for liquids before the procedure. Bowels should be emptied prior to the surgery and is usually performed by means of an enema. Fasting is required as this surgery is performed under a general anaesthesia.

The anaesthetist will perform an assessment of your fitness to be induced and will give specific instructions if you're suffering from any chronic illness such as diabetes, high blood pressure, or ischaemic heart disease. General anaesthesia is given by means of inhalation of an inducing agent (a gas) and also by a maintaining drug through an intravenous site.

The risks and complications associated with general anaesthesia will be discussed with you by the consultant anaesthetist.

During the procedure:

There will be three or four incisions made. The first cut nearly 1cm long placed inside the belly button (navel) for the entry of laparoscope. 1 or 2 nearly 5 mm long further cuts are placed in the lower half of your tummy.

At the end of surgery tiny skin wounds are closed with small stitches which dissolve spontaneously with time.

After the procedure:

- ✓ **Eating and drinking:** Usually following surgery you will be able to have fluids after 6 hours and eat after 12 hours unless otherwise indicated by medical staffs.
- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6 hours and eat after 12 hours unless otherwise indicated by medical staffs.
- ✓ **Mobilizing:** After this surgery, we will mobilize you as soon as possible to reduce complications arising from lying in bed for long.

- ✓ **Leaving hospital:** The duration of your stay in hospital usually depends on your surgery and how soon you recover. Normally it may be possible for you to go home on the next day of operation but if you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.

- ✓ **Resuming normal activities including work:** You can restart your normal activities (including gentle work) few days following the operation. You will have to avoid doing more vigorous work longer. You can drive after 48 hours if you are comfortable.

- ✓ Aim to rest for the next day or two to ensure full recovery from surgery and anaesthetic.
- ✓ You may have a blood stained vaginal discharge for a day or more.
- ✓ Sexual intercourse can resume when both of you are comfortable and any bleeding has settled.
- ✓ You may eat and drink normally when you go home
- ✓ You may feel bloated after the operation because of the gas used to inflate your abdomen. Any remaining gas will be absorbed over the next few days. Sometimes you may experience discomfort or “pressure” in your abdomen and pain in your shoulders. These are both quite normal side effects of the gas. This pain may only appear or become worse on eating and drinking and may last anything up to a week after the laparoscopy.