

Laparoscopic assisted vaginal Hysterectomy

What does the surgery involve?

Vaginal Hysterectomy means removal of your womb (uterus) and neck of the womb (cervix) through the vagina.

If you need one or both ovaries and/or your fallopian tubes removed this will be done by keyhole surgery (Laparoscopic Assisted).

The operation time varies but takes anything from 45-90 minutes.

What are the alternatives to this procedure?

Open abdominal surgery.

Pre-assessment clinic

You will receive an appointment to attend for a pre-assessment. At the pre-assessment visit you will have blood tests, may have an electrocardiogram (ECG) and you may also see an anaesthetist (the doctor who will put you to sleep).

You will also be screened for MRSA. MRSA is a type of bacteria (germ). It is carried harmlessly by people often in their nose or on their skin. We all carry lots of bacteria. These would not normally cause a problem. But when a person goes into hospital carrying MRSA and has a procedure, such as an operation that involves breaking the skin, then the MRSA can get in to the body and may cause an infection.

We can find out if you are carrying MRSA by taking a sample using a swab. Swabs may be taken from different sites, such as the nose, armpit or groin. A swab is a cotton bud which is placed on the area of skin to be tested. The test is painless and only takes a few seconds.

You will also be given:

- Information about the procedure.
- Information on self-medicating whilst in hospital.
- Information on preventing blood clots after an operation
- A diary/patient satisfaction questionnaire to complete. This helps you know what you should be doing after the operation. It also enables us to review and improve the care and experience of future patients.

Please bring a list of all your current medication when you attend the preoperative assessment clinic. It is important that this information is available as some drugs may need to be stopped and alternatives prescribed around the time of your operation.

Prior to your surgery

It is important that you are as fit as possible. If you smoke, try to give up as soon as possible as smokers are much more likely to develop chest infections. Ideally you should not smoke for four weeks before surgery. You should definitely not smoke on the day of your surgery.

If you are overweight reduce your weight as this will make the operation easier and reduce the risk of complications.

See your GP to make sure any longstanding medical conditions are as well controlled as possible especially high blood pressure and diabetes.

The day of your surgery

- If your operation is in the **morning** you must have nothing to **eat from midnight**, you are allowed to **drink clear fluids only** (water, squash, black tea or coffee but NO milk) **until 5.30 in the morning and then have nothing by mouth.**
- If your operation is in the **afternoon** you must have nothing to **eat after a light, early breakfast (no later than 7 am), and then only clear fluids until 11 in the morning and then have nothing by mouth.**
- You will be checked in by the **nurse** taking care of you to make sure everything is in order.
- Your **surgeon** will make sure that any questions that you have are answered and the consent form is signed.
- The **anaesthetist** will assess your medical history and explain the anaesthetic to you and will plan your pain relief with you.

After your operation

After spending some time in the recovery area, you will be taken back to the ward. The recovery area is where we make sure you are comfortable and can be safely transferred to the ward.

Moving in bed/mobilisation

When you wake up it is important to start moving about as soon as possible. Deep breathing exercises reduce the risk of chest infection. You should also move your feet about to reduce the risk of blood clots in your legs. These exercises are detailed in the physiotherapy leaflet you will be given at pre-assessment.

Pain control

It is important that your pain is controlled so that you can move about, breathe deeply, eat and drink and sleep well. The doctors will prescribe types of pain-relieving medicines which work in different ways - they work best if taken regularly in the first instance.

Sickness

Sometimes after an operation a person may feel sick or be sick. You will be given medication during surgery to reduce this, but if you still feel sick tell the staff so that

they can provide other medication. It is important to relieve sickness so that you can eat and drink regularly.

Drips and oxygen

You may have a fluid drip put into your arm during your operation which is normally removed soon afterwards. You may be given extra oxygen to breathe after your operation until you are up and about.

Urine Bladder catheter is not routinely inserted at the end of the procedure. You will be encouraged to pass urine after the procedure while you are in hospital and the amount of urine you produce may need to be measured.

Food and drink

You can start drinking water once back on the ward.

It is intended that you will be discharged home from hospital the same day as your surgery. Once you are comfortable, mobile and able to pass urine then you will be fit for discharge.

You will need to make sure that you have someone available to pick you up from hospital. You will also need someone to stay with you for 24 hours after you have been discharged.

At home

When you leave the hospital you will need some pain killers. You will be advised on what to take and how frequently, but please make sure you have paracetamol and ibuprofen available at home.

You will receive a phone call the next day to check how you are doing and answer any questions you may have. You may have the following:

- **Tummy pain.** You may get colicky pains in the first few days which last for up to a few minutes and then subside. If these pains are severe then you should contact us on the numbers provided.
- **Sore wound.** It is not unusual with surgery for the little wounds to be tender and slightly red or bruised for a few weeks. Please let us know if your wound is becoming inflamed or starts to discharge fluid. Any stitches to these sites will dissolve in 10 to 14 days.
- **Bowel Changes.** Bowel habits can change for a while after your operation with a tendency to constipation. Keep taking Lactulose (laxative) until your bowel function is back to normal. Eat a balanced diet, and drink plenty of fluid (2 litres daily). If you are at all worried please contact us. In the long term there is a 15% risk of constipation after hysterectomy.
- **Feeling of your bladder not emptying.** After surgery you may experience a feeling of your bladder not emptying fully. This usually resolves with time. The stream will be slower than before, and you may have to alter your position to completely empty your bladder to start with, but it is important that you do. Be patient and take your time. If you are at all worried please contact us.

Risks and side effects of the procedure

Most procedures are straight forward and complications are uncommon. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after this procedure.

- **Vaginal discharge.** A slight discharge or bleeding is normal following the operation and may continue for several weeks. Do not use tampons because of the possibility of introducing infection, only sanitary pads should be worn.
- **Fever.** This is the common post-operative problem, with around 15% of patients experiencing this after vaginal hysterectomy. If you continue to feel generally unwell with a sustained high temperature please ensure that you contact Cley Ward (if it is within 48 hours of your discharge from hospital) or your GP or the NHS 111 service.
- **Haemorrhage (bleeding).** At the time of surgery heavy bleeding is rare, blood loss is usually less than 150mL. However, blood loss requiring blood transfusion occurs in 2% of people.

A collection of blood (haematoma) at the top of the vagina occurs after 11 – 15% of hysterectomies, more commonly after vaginal hysterectomy. Most of these haematomas are managed without further intervention. When you are at home after the operation the loss will be light, like the end of a period for the first day, getting less and less each day. If it becomes heavier, please contact us at the hospital or your own GP.

- **Urinary infection.** Surgery is covered by antibiotics, but urinary infection may occur in 10% of patients. If your urine is smelly, cloudy or it hurts to pass, take a urine sample and contact your GP. Drink plenty of water, cranberry juice and/or barley water. A teaspoon of bicarbonate of soda dissolved in a glass of water each day may also help.
- **Pelvic abscess/infection.** This is a rare occurrence (0.2% of cases).
- **Thrombosis.** Blood clots in the veins and lungs can occur after any surgery, though the risk is small (less than 1%). Some patients may be required to have a blood thinning medication. If appropriate, you will be given 7 days of Low molecular weight heparin to take at home. Low molecular weight heparin is given in a pre-loaded syringe and you will be taught how to administer this before you leave hospital. Please read the information you have been given about preventing blood clots after an operation and follow the advice given.
- **Damage to other structures during surgery.** The risk of bladder injury is 7 in 1000 cases and the risk of bowel injury is 4 in 10,000 cases.
- **Return to theatre.** 7 in 1000 cases due to bleeding or a breakdown in the wound.
- **New pelvic pain and/or persistent non-gynaecological pain.** This occurs in 15 in 100 cases.
- **Risk of early menopause.** This may occur due to ovarian failure if the ovaries are left in place.
- **Other** frequent risks of hysterectomy include: Wound infection, pain, bruising, delayed wound healing or painful scar

Exercise

You are encouraged to exercise from day ONE following surgery. After the first week progressive exercise is important to speed up your recovery. Start with short daily walks, gradually increasing the distance and speed until by 6 weeks you should be taking brisk walks of 20-30 minutes. In addition, continue with the exercises as outlined in the physiotherapy guide below. If your wound is uncomfortable go easy with your exercise.

Heavy lifting is best avoided for at least 4 - 6 weeks. It is safe for you to climb stairs slowly when you go home.

Driving

You should be able to drive again when you feel able to concentrate fully and can perform an emergency stop; usually within 6 weeks after the operation. However, you should always check with your car insurance company before you start driving again. You must not drive for at least 24 hours after your general anaesthetic.

Work

It is advisable not to return to work for 6 -12 weeks after your operation however this is dependent on your job and some people may feel well enough to return sooner than this and can be decided in accordance with your GP's advice. After major surgery it is normal to feel more tired than usual at first.

Hormone Replacement Therapy

If both your ovaries are removed hormone replacement therapy will be discussed with you by your consultant if it is felt necessary. However HRT is not appropriate for all women. If the ovaries are not removed, they tend to stop making hormones at an earlier age than in women who have not had a hysterectomy. Should symptoms occur a blood test can show if your ovaries are working normally.

Physiotherapy guide for patients having surgery

Before your operation

- Keep as active as you can in the run up to your operation as this will aid your recovery from the surgery.
- Breathing exercises are important following surgery to prevent problems with your lungs and it is a good idea to start practising them a few days before your surgery.

Breathing Exercises

- Sit in a comfortable upright position with your shoulders relaxed.
- Take a slow deep breath in (through your nose if possible) filling the bottom of your lungs.
- Hold this breath for three seconds then relax and breathe out gently through your mouth.
- Repeat three more times and then rest (more than this may make you feel dizzy or light-headed).

After your operation

- You can start the breathing exercises as soon as you come round from your operation and they should be practised every half an hour.
- There may be phlegm in your chest to clear so it is important to cough. It will be more comfortable if you bend your knees up if lying or lean forwards if sitting and support your wound with your hands, a pillow or folded towel.
- Deep breathing and coughing are very important and prevent chest infections so if you are unable to do so because of pain please tell your nurse.
- The best activity for your lungs is to get back up on your feet as soon as possible. You will be helped out of bed after your operation and encouraged to sit in the chair.
- Physiotherapy and/or nursing staff will also assist you to walk, if needed. Drips and drains move with you and should not stop you from getting out of bed.

Follow-up appointment

You will be followed up in six weeks' time at our nurse led clinic. Please bring your patient diary/patient satisfaction questionnaire along with you to the appointment and we will collect this from you.

Points of contact

- Before the operation **Pre-operative Assessment Nurse Clinic on 01603 288650.**
- Worries after your operation **in the first 48 hours Cley Ward on 01603 287242.**
- **If you have any other concerns please contact your GP**

Videos about coming into hospital that are available on Youtube -

<https://www.youtube.com/watch?v=2nW8khhB8gA>

