

## Total Laparoscopic Hysterectomy

This information is for you if you are about to have, or you are recovering from, a laparoscopic hysterectomy. You might also find it useful to share this information with your family and friends. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- How fit and well you are before your operation.
- The exact type and the reason you are having the hysterectomy.
- How smoothly everything goes and whether there are any complications.

**Total Laparoscopic Hysterectomy** is an operation to remove your uterus (**womb**) by keyhole surgery (**minimal access surgery**). In addition you may require removal of one or both of your ovaries and fallopian tubes (**salpingo-oophorectomy**). You may also need to have lymph nodes removed (**lymphadenectomy**).

### Before the operation:

#### Pre-operation assessment:

Before your operation your gynaecologist will have discussed with you what the operation involves. You will also meet a nurse, junior doctor and an anaesthetist and have the opportunity to ask questions. You will see these people either at the pre-operative assessment clinic or when you are admitted to the ward. Routine blood tests and heart monitoring (ECG) may be performed during the preoperative assessment.

#### Preparation:

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 after surgery. Many women suffer from constipation after surgery. We advise that you buy lactulose from your local pharmacy. This keeps the bowel motion soft, so that there should be less need to strain to open your bowels in the post operative recovery period. You should start taking lactulose 3 days before your operation and afterwards until normal bowel function returns.

Prior to surgery you may be given an enema or suppository (medicine which is given via the rectum). This will empty the lower bowel which makes the operation easier.

### What to expect after the operation:

#### Hospital stay

In most instances you will be admitted to hospital on the day of your operation. Most patients are discharged 24 hours after surgery. However, a longer stay is occasionally required.

#### Anaesthetic and pain relief

The operation is performed under a general anaesthetic. During the first 24 hours you may feel more tired and sleepy than usual.

You will be given tablet painkillers which you will also be able to take home.

### **Drip, drain and catheter**

On return from the operating room you will usually have an intravenous drip with fluids so that you do not have to drink and you may have a drainage tube from the wound. You may also have a catheter (tube) in your bladder to allow drainage of your urine. Usually, these are all removed the following morning.

### **Eating and Drinking**

The nursing staff will advise you when you are able to drink and eat. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on and your appetite will gradually return.

### **Abdominal and shoulder pain**

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder. This is a common side-effect of laparoscopic surgery. When leaving hospital, you will be provided with painkillers, take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs

### **Trapped wind**

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

### **Scars, stitches and dressings**

You will have a number of small scars on different parts of your abdomen. Each scar will be between 0.5 cm and 1 cm long. If you have had your cervix removed, you will also have a scar at the top of your vagina which will be out of sight. Wounds will be closed with stitches that dissolve by themselves. Initially, your wounds will be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower. After that try to keep your wounds clean and dry. Any stitches in your vagina will not need to be removed as they are dissolvable.

### **Washing**

The day after your operation, you should be able to have a shower or bath and remove any dressings. Don't worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing and reduces the risk of infection.

### **Vaginal bleeding**

You can expect to have some vaginal bleeding for 1 to 2 weeks after your operation. This is similar to a light period and is red or brown in colour. Some women have little or no bleeding initially and have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should only use sanitary towels, not tampons, as using tampons could increase the risk of infection.

## Recovering after an operation is a very personal experience:

### What may help your recovery?

Relax and rest as much as you can for the first few days but it is important not to remain in bed and to stay mobile as this reduces your risk of developing blood clots. You will be able to do light activities around the house within a few days. It is safe for you to climb stairs the day you go home. Establish a daily routine and keep it up.

### Eat a healthy balanced diet.

This will ensure your body has all the nutrients it needs to aid recovery. A healthy, high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water, is recommended.

### Keep your bowels working.

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives (e.g. Milpar) to avoid straining and constipation.

### Stop smoking.

This will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking, even if it is just while you are recovering, will bring immediate benefits to your health

### What can delay your recovery?

It can take longer to recover if;

- There were any **complications** during your operation.
- You had **health problems** before your operation; for example, women with diabetes may heal more slowly and may be more prone to infections.
- You **smoke**; women who smoke are at increased risk of getting a chest or wound infection during their recovery since smoking can delay the healing process.
- You were **overweight** at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and blood clots.
- Occasionally, due to difficulties encountered during surgery, it may be necessary to complete the operation through a larger cut on the tummy (**laparotomy**). This leads to a longer hospital stay (3-5 days) and a longer recovery (2-3 months).

## Complications

All operations carry some degree of risk and complications do occur.

- Heavy bleeding (haemorrhage) at the time of surgery is rare. Blood loss is usually less than 200 mL, however, blood loss requiring a blood transfusion occurs in 1-3% of patients.
- A collection of blood (haematoma) at the top of the vagina may occur. Most patients do not require treatment, although antibiotics are sometimes needed. Very rarely these

collections of blood require surgical drainage. When you are at home after the operation the loss should be light, like the end of a period, and getting less and less each day. If it becomes very heavy or smelly, please contact either the hospital or your GP.

- Infection – surgery is covered by antibiotics, but infection may occur in up to 10% of patients. Infection can occur in the chest, urine, scars or pelvis and are usually easily treated with antibiotics.
- Blood clots in the legs and lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as use of compression stockings and blood thinning injections. By staying active and well hydrated you can further reduce the risk of clots. You may be advised to continue with the blood thinning injections even after discharge from the hospital.
- Rarely during the operation, damage to other structures like bowel (2%), bladder (1%), ureters (1%), blood vessels and nerves (less than 1%) may occur which may make additional surgery necessary. This may require opening up your tummy (laparotomy).
- Return to theatre because of bleeding or other complications (less than 1%).
- Conversion to open surgery (1 – 25%).
- Lymphoedema (swelling of the legs) can occur in 2-5% of patients and lymphocysts (fluid in the pelvis) can occur in less than 1% of patients who require removal of lymph nodes (lymphadenectomy).

## **Getting back to normal:**

### **Work**

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work. After any operation, you may experience more tiredness than normal, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. Some women are fit to work after 2 to 3 weeks. Many women are able to go back to normal work after 4 to 6 weeks if they have been building up their levels of physical activity at home.

### **Driving**

In general, it can take 2 to 4 weeks before you are ready to drive. Before you drive you should be free from the sedative effects of any painkillers and able to sit in the car comfortably and work the controls. You should be able to wear the seatbelt comfortably and make an emergency stop. You also should be able to comfortably look over your shoulder to manoeuvre. Please contact your insurance company to confirm the details of your policy, although most will be happy for you to drive once declared medically fit.

### **Sex**

You should usually allow 6 weeks after your operation to allow your scars to heal. It is then safe to have sex – as long as you feel comfortable. If you experience any discomfort or dryness (which is more common if your ovaries have been removed at the time of the hysterectomy) you may wish to try a vaginal lubricant.

### **Hormone replacement therapy (HRT)**

If your ovaries have been removed during your operation you may be offered HRT. This will be discussed with you by your gynaecologist and together you can decide the best way forward.

## Follow up

Follow up and/ or additional treatment will be offered and arranged for you if needed depending on your histological results (microscopical laboratory test of the tissues removed).

## When to seek medical help-advice:

### Burning and stinging when you pass urine or pass urine frequently

This may be due to a urine infection. Drink plenty, cranberry juice (or tablets) and barley water can help, as can a teaspoon of bicarbonate of soda dissolved in a glass of water each day. Take a urine sample and contact your GP. If a urine infection is detected this is easily treated with a course of antibiotics.

### A swollen leg, shortness of breath, chest pain or coughing up blood.

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism) which could be serious. You can reduce the risk of clots by:

- Being as mobile as you can as early as you can after your operation.
- Doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion for 30 seconds
  - bend and straighten your legs, one leg at a time, three times for each leg
- You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include: a daily injection of a blood thinning agent and /or graduated compression stockings that should be worn day and night until your mobility has improved.

### Red and painful skin around your scars:

This may be caused by a wound infection. Treatment is with a course of antibiotics.

### Heavy or smelly vaginal bleeding:

You will experience some degree of vaginal bleeding after surgery. However, if this becomes increasingly heavy or smelly and especially if you also feel unwell with a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered by a drip. Rarely, the bleeding may need to be drained.

### Increasing abdominal pain:

If you have increasing pain along with a temperature (fever), loss of appetite or vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.

Videos about coming into hospital that are available on Youtube -  
<https://www.youtube.com/watch?v=2nW8khhB8gA>



**Contact information:**

NNUH

Pre-op Assessment Clinic: 01603286286 Ext - 4650

Cley Gynae Ward: 01603287242

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