OG08 Lite Laparoscopic Hysterectomy

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What is a hysterectomy?
A hysterectomy is an operation to remove your uterus (womb). Your cervix (neck of your womb) is usually also removed. Your ovaries may need to be removed at the same time.

![The womb and surrounding structures](Figure 1)

What are the benefits of surgery?
There are common reasons for having a hysterectomy.

- Heavy or painful periods not controlled by other treatments.
- Fibroids, where the muscle of your womb becomes overgrown.

A hysterectomy may cure or improve your symptoms. You will no longer have periods.

Are there any alternatives to a hysterectomy?

- Symptoms may be improved by doing pelvic floor exercises.
- Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include an IUS (intra-uterine system - an implant containing a synthetic form of the hormone progesterone that fits in your womb) or ‘conservative surgery’ where only the lining of your womb is removed.

- Depending on the size and position of fibroids, you can take medication to try to control the symptoms. Other treatments include surgery to remove the fibroids only (myomectomy) or uterine artery embolisation to reduce the blood flow to the fibroids.

What does the operation involve?
The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. The operation usually takes about 90 minutes.

Your gynaecologist will make a small cut, usually on or near your umbilicus (belly button), so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your gynaecologist may need to place instruments through your vagina to help them remove your womb.

They will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix.

What complications can happen?
Some of these can be serious and can even cause death.

General complications of any operation

- Pain
- Feeling or being sick
- Bleeding
- Infection of the surgical site (wound)
- Developing a hernia in the scar
- Blood clot in your leg
- Blood clot in your lung
- Unsightly scarring of your skin

Specific complications of this operation

Keyhole surgery complications

- Surgical emphysema
• Damage to structures such as your bowel, bladder or blood vessels
• Developing a hernia near one of the cuts used to insert the ports
• Conversion to an abdominal hysterectomy

Hysterectomy complications
• Pelvic infection or abscess
• Damage to structures close to your womb
• Developing an abnormal connection (fistula)
• Developing a collection of blood (haematoma) inside your abdomen
• Vaginal cuff dehiscence

Long-term problems
• Developing a prolapse
• Continued bleeding from your cervix
• Your pain may continue
• Difficulty or pain having sex
• Tissues can join together in an abnormal way
• Passing urine more often, having uncontrolled urges to pass urine or urine leaking from your bladder when you exercise, laugh, cough or sneeze
• Feelings of loss as a hysterectomy will make you infertile
• Going through menopause

How soon will I recover?
You will be able to go home when your gynaecologist decides you are medically fit enough, which is usually the same day or after 1 to 2 days.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital.

You can return to work once your doctor has said you are well enough to do so (usually after 4 to 6 weeks, depending on your type of work). You should be feeling more or less back to normal after 2 to 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most women make a good recovery and return to normal activities.