

Laparoscopic Hysterectomy

OG08 Lite - Expires end of January 2024



This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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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.

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?

- Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include an IUS or 'conservative surgery' where only the lining of your womb is removed (endometrial resection).
- 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 will happen if I decide not to have the operation or the operation is delayed?

Your doctor will monitor your condition and try to control your symptoms.

You may feel that you would prefer to put up with your symptoms rather than have an operation. Your gynaecologist will tell you the risks of not having an operation.

If you experience any of the following symptoms, contact your healthcare team.

- Changes to your monthly bleeding pattern if you have periods.
- Increased abdominal (tummy) swelling.
- Worsening pain that needs more medication than you are currently taking.

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 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.

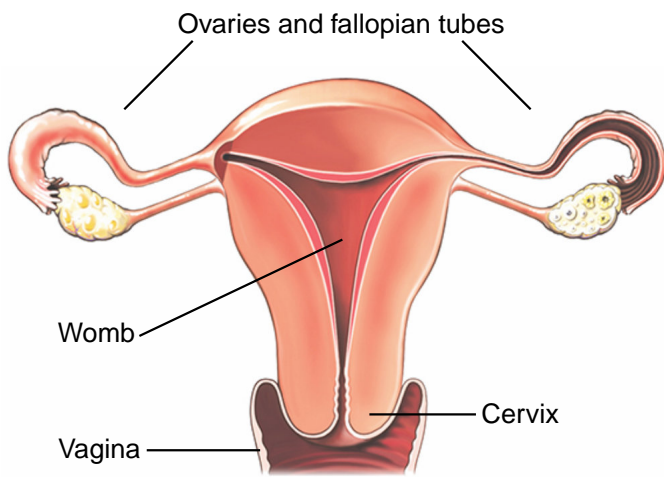
They will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.



The womb and surrounding structures

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Feeling or being sick
- Bleeding
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication
- Developing a hernia in the scar
- Venous thromboembolism
- Chest infection

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
- Making a hole in your womb or cervix with possible damage to a nearby structure
- Gas embolism

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

Consequences of this procedure

- Pain
- Unsightly scarring of your skin
- You will no longer have periods or be able to get pregnant

How soon will I recover?

You will be able to go home when the healthcare team decide 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.

Summary

A hysterectomy is a major operation usually recommended after simpler treatments have failed. Your symptoms should improve.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers

Jeremy Hawe (MBChB, MRCOG)

Clare Myers (MBBS, FRANZCOG)

Illustrator

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