Total Laparoscopic Hysterectomy

This leaflet explains more about total laparoscopic hysterectomy, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a total laparoscopic hysterectomy?

It involves passing a small telescope through your navel and inflating your abdomen with carbon dioxide gas. We then make two or three further small incisions (usually less than 1cm in size each) on your stomach to pass fine instruments into the abdomen. The womb and cervix are then detached and removed vaginally. We will usually also remove your fallopian tubes (bilateral salpingo-oophorectomy) to reduce your future risk of ovarian cancer. The decision whether to remove your ovaries will have been discussed with you in clinic.

Why should I have a total laparoscopic hysterectomy?

Laparoscopic surgery carries the advantage of quicker recovery and less pain.

What are the risks?

Overall reported risk of complications in laparoscopic hysterectomy has been described to be 11% in a large UK based study in 2004. Like any surgical procedure, laparoscopic surgery comes with the following risks:

1. There is a risk of infection. Infection of the scar site presents as pain, redness and discharge. If you have these symptoms, you would need to be treated with antibiotics. Infection internally can present as fever and foul vaginal discharge. This can be serious and if you have these symptoms, you should to seek urgent medical attention.

2. There is a risk of bleeding. If the bleeding is heavy, we might need to give you a blood transfusion.

3. There is a risk of injury to internal organs like bowel, bladder, ureters and large vessels which would require repair and even the possibility of a stoma if there is bowel injury. Sometimes, with laparoscopic surgery, injury to the bowel, bladder or ureter may not be recognised at the time of surgery. If that is the case, you may have fever, severe abdominal pain with or without nausea and vomiting. If you have these symptoms, you should attend A&E immediately with a copy of your operative notes as you may need immediate medical attention and probably a repeat surgery.

4. There is a small chance that we may not be able to gain entry to your abdomen laparoscopically or might not be able to complete the intended procedure. We may have

to make a cut on your stomach (laparotomy) which may even be an up and down cut. If the uterus is very big and cannot be removed vaginally, then we have two options:

a. The uterus can be broken down into small pieces inside the abdomen and taken out laparoscopically using an instrument called a “morcellator”. It is usually safe to do so and this method avoids a large cut to your stomach. However, there is a 1 in 500 to 1 in 7400 risk of disseminating undiagnosed malignancy (“leiomyosarcoma”) while doing so. Please see the British Society for Gynaecological Endoscopy (BSGE) statement on power morcellation to help you reach your decision: http://bsge.org.uk/news/bsge-statement-power-morcellation/

b. Alternatively we can make a larger cut on your stomach to remove the uterus.

5. There is a risk of hernia formation (less than 1 in 100 risk).

6. There is a very rare risk of blood clots forming in your veins. Therefore we advise early mobilisation and adequate hydration post-surgery.

Are there any alternatives?

After a detailed discussion with your doctor about the various management modalities for your symptoms we will have mutually agreed that laparoscopic surgery is the most suitable option for you. Alternative methods of removing the womb include vaginal hysterectomy, which may not be suitable for you, or abdominal hysterectomy which would involve a large cut on the abdomen.

How can I prepare for my laparoscopic hysterectomy?

You will be seen by a nurse for a pre-operative assessment before the day of your surgery where some blood tests and your fitness for surgery will be assessed. You will be given all the information regarding what time to come and to where on the day of your surgery as well as what you should bring with you. You may also be referred to the prehabilitation clinic to reduce your likelihood of surgical complications.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said ‘yes’ previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during the total laparoscopic hysterectomy?

A total laparoscopic hysterectomy is performed under general anaesthesia, i.e. you will be asleep for the procedure. The length of the procedure will depend on the complexity of your case but on average it will take 60-90 minutes.

Will I feel any pain?

Patients usually describe a cramping abdominal discomfort, shoulder tip pain, a bruising sensation around the scars and mild vaginal bleeding after the procedure. The pain settles down with routine analgesia.

What happens after a total laparoscopic hysterectomy?

If we are able to complete the procedure laparoscopically without any complications, you should be able to go home the same day or the next day. However, if you are in a lot of pain or have not been able to pass urine, we may advise you to stay in the hospital longer. You will be able to eat and drink once you feel ready to do so and to move about.

What do I need to do after I go home?

You will need someone to take you home and to be with you for the first 24 hours after the general anaesthetic. The stitches will be dissolvable. You should be able to resume light daily activities within two weeks and should be able to return to work within four weeks. You will need six weeks before resuming sport or sexual intercourse during which time you should also avoid heavy lifting.

If you experience any severe abdominal pain or fever when you have gone home then please present yourself to A&E.

Will I have a follow-up appointment?

You will be contacted about two weeks after your operation by telephone by the consultant to discuss your results and any further management plan if necessary.

Useful sources of information

Please visit the **Royal College of Obstetricians and Gynaecologists** (RCOG) website which has videos and patient information leaflets on how to recover well after laparoscopic surgery in the “patient information” section of the website.

Contact us

If you have any further questions or concerns, please feel free to contact Miss Pandey via her secretary.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer). **Tel:** 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.
Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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