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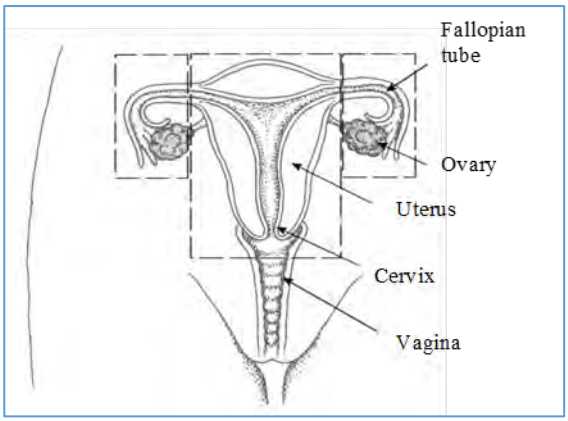
Having a laparoscopic (keyhole) hysterectomy

This leaflet is for women who have decided to have a laparoscopic hysterectomy (LH). It outlines the potential benefits and risks of this operation as well as what to expect during your recovery.
Feel free to discuss any questions or concerns with your nurse or telephone us on: 0118 322 7181 (Monday to Friday).

What is a hysterectomy?

A hysterectomy is the operation to remove a woman's womb (uterus). The operation is sometimes combined with the removal of one or both ovaries.



Why is a hysterectomy sometimes necessary?

- Women sometimes have hysterectomies to treat a range of conditions, such as fibroids, heavy periods, prolapse, and cancer.
- Hysterectomy is often chosen when medical or other less invasive surgical treatments have failed or have been declined by the patient. You should discuss these alternatives with your doctor before deciding on hysterectomy.
- Conventional hysterectomy is carried out by open surgery (abdominal hysterectomy) – i.e. making a cut across the lower part of the tummy (abdomen) to remove the womb. A newer alternative to the abdominal hysterectomy is laparoscopic (keyhole) hysterectomy.

What happens during a laparoscopic hysterectomy?

- The operation is performed under general anaesthetic (you will be asleep) and usually takes between one and two hours.
- Three or four small cuts (smaller than a thumbnail) are usually made in the abdomen.
- Gas (carbon dioxide) is passed into your abdomen to inflate the area, making access easier.
- A camera is used to see inside your abdomen.
- The surgeons remove the womb, cervix and fallopian tubes (and sometimes the ovaries) through a cut in the vagina.
- All the cuts are normally closed with dissolvable stitches.

Why have a laparoscopic hysterectomy (LH) rather than a traditional “open” hysterectomy - what are the advantages?

- The scars after LH are much smaller.
- There is less pain following LH.

- Hospital stay is shorter, typically just 1 night, after LH.
- Recovery time and the return to normal activity is shorter (usually 3 to 6 weeks) following LH.

Should I have my ovaries removed? What happens if my ovaries are removed before the menopause?

- Removal of the ovaries will bring on the menopause.
- You may experience some menopausal symptoms such as hot flushes.
- Your doctor should explain the advantages and disadvantages of removing or leaving your ovaries before your operation.

What are the risks or potential complications of laparoscopic hysterectomy (LH)?

- **Infection:** although we give antibiotics during the operation there is a small risk of infection in the bladder, chest, abdomen and wound sites.
- **Blood clots:** clots in the legs or lungs occur in less than 1 in 250 women who have LH.
- **Bleeding:** excessive bleeding is very uncommon during both types of hysterectomy. It is however, more common during LH than traditional hysterectomy. Approximately 1% (1 in 100) of patients having LH will need a blood transfusion.
- **Internal injury:** there is a greater risk of injury to the bladder and ureters (tubes connecting the kidneys to the bladder) during LH compared to traditional surgery. The risk of this occurring is approximately 1 in every 100 LH operations. Damage to other internal organs such as bowel or blood vessels occurs less often than 1 in 100 LH operations.
- **Converting to open operation:** in about 1 in 30 operations, it may be necessary to convert the keyhole hysterectomy (LH) to an open operation, either with a low horizontal cut or very rarely a central “up-and-down” cut (in the abdomen). This occurs if it is technically impossible to complete the LH or if a complication, such as bleeding occurs.

What might I expect after laparoscopic hysterectomy?

- You are likely to wake up with a tube that empties your bladder (**catheter**). This will be removed at/by midnight following your operation, or occasionally the day after your operation.
- Patients normally **stay in hospital for one or two nights** following LH.
- **Abdominal (tummy) pain (sometimes) shoulder tip pain:** While in hospital, strong painkillers will control your pain. Simple painkillers such as Paracetamol and Ibuprofen (follow the dosage instructions on the packet) usually provide enough pain relief at home.
- **Eating and drinking:** You will normally be able to eat and drink within a few hours of your operation. We also recommend you chew chewing gum from two hours after your operation and to continue doing so every two hours for 15 minutes until you pass wind. This is to reduce the risk of developing bowel complications (post-operative ileus). Please bring your own chewing gum with you.
- **Vaginal bleeding:** You should expect slight vaginal bleeding (less than a period) for a few days after your operation.
- **Stitches:** These will usually dissolve 10-14 days after your operation.

Activity and work

- **Week 1:** Rest and gentle activity.
- **Week 2:** Light duties, e.g. desk work.
- **Week 3:** Gradually restart normal activities.
- **Exercise:** Light exercise can start from four to six weeks after your operation. Exercise level should increase gradually, reaching your normal levels six to ten weeks after your operation.
- **Washing:** For the first four weeks, shower or kneel in shallow water. Do this rather than soaking in the bath, to allow the internal wounds to heal without getting wet.
- **Sex:** Penetrative sex should be avoided for at least six weeks after your operation, to allow the internal wounds to heal sufficiently.
- **Driving:** Avoid driving for at least two weeks after your operation. Please check with your motor insurance company and make sure you can perform all the manoeuvres (including emergency stops) without pain before you restart driving.
- **Cervical smears:** When the uterus and cervix are removed, you no longer need to have smears unless your doctor advises otherwise.

When should I call Sonning Ward?

Call Sonning Ward on **0118 322 7181** if:

- You experience severe pain or heavy bleeding within a week of your operation.
- You are concerned or have questions about your operation. previous…….

Where can I find more information?

The following related leaflets can be found by typing them in on the Trust website https://www.royalberkshire.nhs.uk/leaflets

- Abdominal hysterectomy
- Hysterectomy: Before you come into hospital
- Enhanced recovery after hysterectomy

If you have any questions about this leaflet or other aspects of your care, please feel free to ask your doctor or members of the nursing staff. You can also visit the following websites for general information;

- NHS Website www.nhs.uk/conditions/hysterectomy
- NICE (the National Institute for Health and Clinical Excellence). Laparoscopic techniques for hysterectomy guidance www.nice.org.uk/guidance/IPG239

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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