

Women's Services

Laparoscopic hysterectomy

Who is this information for?

This information is for you if you are about to have, or you are recovering from, a laparoscopic hysterectomy (an operation to remove your uterus (womb) by keyhole surgery).

There are several different types of hysterectomy, including:

- **Total hysterectomy**, where both the uterus and cervix (neck of the womb) are removed
- **Subtotal hysterectomy**, where just the uterus is removed and the cervix is not
- **Hysterectomy with salpingoophorectomy** (removal of one or both of your ovaries and your fallopian tubes) at the same time.

Some laparoscopic hysterectomies are done entirely by keyhole surgery. Others are done partially through your vagina (sometimes called a laparoscopic assisted vaginal hysterectomy or LAVH).

The type of hysterectomy will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation. You will need an anaesthetic for a laparoscopic hysterectomy. This will be a general anaesthetic.

About this information

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a hysterectomy
- the exact type of hysterectomy that you have
- how smoothly the operation goes and whether there are any complications.

What can I expect after a laparoscopic hysterectomy?

Usual length of stay in hospital

In most instances, you will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for one to three days.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and you should not drive or make any important decisions.

Catheter

You may have a catheter (tube) in your bladder to allow drainage of your urine. This is usually for up to 24 hours after your operation until you are easily able to walk to the toilet to empty your bladder. If you have problems passing urine, you may need to have a catheter for a few days.

Scars

You will have between three to four small scars on different parts of your abdomen. Each scar will be between 0.5cm and 1cm long. If you have had your cervix removed, you will also have a scar at the top of your vagina

Stitches and dressings

Cuts on your abdomen will be closed by stitches or glue. Glue and some stitches dissolve by themselves. Other stitches may need to be removed. This is usually done by the practice nurse at your GP surgery about five to seven days after your operation. You will be given information about this. Your cuts will initially 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 (see section on washing and showering). Any stitches in your vagina will not need to be removed, as they are dissolvable. You may notice a stitch, or part of a stitch, coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about.

Packs

You may have a pack (a length of gauze like a large tampon) in your vagina after the operation to reduce the risk of bleeding. A nurse will remove this after your operation while you are still in hospital. Check with your nurse that this has been done before you go home.

Vaginal bleeding

You can expect to have some vaginal bleeding for one to two weeks after your operation. This is like a light period and is red or brown in colour. Some women have little or no bleeding initially, and then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Pain and discomfort

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 should be provided with painkillers for the pain you are experiencing. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight 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.

Starting to eat and drink

After your operation, you may have a drip in your arm to provide you with fluids. When you are able to drink again, the drip will be removed. 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.

Washing and showering

You should be able to have a shower or bath and remove any dressings the day after your operation. 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.

Formation of blood clots - how to reduce the risk

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:

- Daily heparin injections (a blood thinning agent) - you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for.
- Graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced.
- Special boots that inflate and deflate to wear while in hospital.

Physiotherapy

You will be given advice and information about exercises to help you recover and about ways to move easily and rest comfortably. You should be given written information on this.

Starting HRT (hormone replacement therapy)

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

Cervical screening (smears)

Some women who have had a laparoscopic hysterectomy will need to continue to have smears from the top of the vagina. Check with your gynaecologist whether this applies to you.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first - when you are tired, these feelings can seem worse. For many women this is the last symptom to improve.

Having sex

You should usually allow four to six 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. You can buy this from your local pharmacy.

When should I seek medical advice after a laparoscopic hysterectomy?

While most women recover well after a laparoscopic hysterectomy, complications can occur - as with any operation.

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Vaginal bleeding that becomes heavy or smelly: If you are also feeling unwell and have a temperature (fever), this may be due to an infection or a small collection of blood at the top of the vagina called a vault haematoma. Treatment is usually with a course of antibiotics. Occasionally, you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this blood may need to be drained.
- Red and painful skin around your scars: This may be due to a wound infection. Treatment is with a course of antibiotics.
- Increasing abdominal pain: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

You should seek medical advice from ward 12 on 01274 364381 or your GP.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

By Textphone

We use Next Generation Text for people with hearing difficulties.
To contact us ring 18001 01274 364381

If you need this information in another format or language, please ask a member of staff to arrange this for you.