

Laparoscopic Hysterectomy

Your operation explained

Patient Information

Introduction

This booklet is designed to give you information about having a laparoscopic hysterectomy and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you, or those who care for you, may have at this time. It is not meant to replace the discussion between you and your surgeon but it helps you understand more about what is discussed.

If you have recently been told that you need a hysterectomy, it is normal to feel a wide range of emotions. For some women it can be a frightening and unsettling time. If you have any questions regarding the information or any aspect of your treatment there are doctors, specialist nurses and nursing staff to listen and answer any of your questions. Some useful contact numbers and support agencies are listed at the back of the booklet.

What is a laparoscopic hysterectomy?

A laparoscopic hysterectomy is an operation using 'keyhole' surgery. A narrow telescope called a laparoscope is inserted through a small cut in the belly button. Keyhole surgery instruments are inserted into the abdomen through other small cuts in the abdominal wall. The laparoscope is used to perform the hysterectomy. The uterus (womb), usually with the cervix (neck of womb) is removed and passed through the vagina to leave the body. In some operations (known as bilateral salpingo-oophorectomy) both the ovaries and fallopian tubes are also removed at the same time through a cut in the abdomen (tummy).

What are the benefits of having a hysterectomy if I have cancer?

The aim of the operation is to remove all the cancer. If there is any evidence that the cancer has spread, you will be offered further treatment, such as radiotherapy or chemotherapy. This will be discussed with you when all the results are available. Advice relating to smear tests is available from your doctor or clinical nurse specialist CNS and in the final section of this leaflet.

What are the benefits of laparoscopic hysterectomy?

The benefits of having a laparoscopic hysterectomy over an abdominal hysterectomy (removal of the uterus through an abdominal surgical incision) are:

- Minimal abdominal scarring..
- Shorter length of stay in hospital with shorter recovery period.

Why do I need a laparoscopic hysterectomy?

The common reasons for having a laparoscopic hysterectomy are:

Cancer

A laparoscopic hysterectomy can be performed as a treatment for cervical or endometrial cancer. A biopsy will have been taken which showed that cervical or endometrial cancer was present. Surgery for cancer of the ovary, peritoneum or fallopian tube is discussed in a separate booklet called 'Ovarian Debulking Surgery'.

Atypical endometrial hyperplasia

This is a condition where there are changes in the cells lining the womb (endometrium). It can indicate an increased chance of developing cancer or can have areas of cancer around it. When atypical endometrial hyperplasia is diagnosed following endometrial biopsy, a hysterectomy is usually recommended as the treatment.

Benign conditions

These include heavy, sometimes painful menstruation (periods) caused by hormonal imbalance and vaginal prolapse, where weakened ligaments and muscles cause the womb to drop.

Are there any risks associated with a laparoscopic hysterectomy?

There are risks, as with any medical procedure, but it is important to realise that most women do not have complications, and no one will develop all complications. Every care will be taken to minimise the risks.

As with any operation, there is a risk associated with having a general anaesthetic. Also, with any surgery, there is a risk of infection in the wound, pelvis, bladder or chest. This is easily treated with antibiotics. Occasionally, an abscess may form which may require surgical drainage under anaesthetic. A blood transfusion may be needed to replace blood lost during surgery. Occasionally, if blood collects in the pelvis it may need to be drained surgically under anaesthetic. Patients occasionally suffer from blood clots in the leg or pelvis (deep

vein thrombosis or DVT). This can lead to a clot in the lungs (pulmonary embolism or PE). Moving around is encouraged after your operation to help prevent this. We will give you special surgical stockings (known as TEDS) to wear in hospital and a small daily injection to thin the blood.

After the operation the bladder and bowels may take a few days to start working properly. The bladder and tubes connecting them to your kidneys lie very close to the womb and can be damaged during a hysterectomy. This is very rare, but if it occurs may require further surgery. Very occasionally a hole in the bowels may occur as a result of surgery, this will require further surgery. Sometimes it is not possible to complete the procedure with the keyhole operation and an open operation may have to be performed.

Most people will not experience any serious complications from their surgery. However, risks do increase with age and for those who already have heart, chest or other medical conditions, such as diabetes or who are overweight or smoke. Rarely, patients die from major surgery. Your surgeon will discuss these risks with you.

What else might happen as a result of the surgery?

When cancer is present the surgery can involve working close to or including the bowel. If an injury during surgery affects the bowel, or an area of bowel affected by cancer must be removed, it may be possible to join the unaffected parts of the bowel together. This is called 'anastomosis'.

If this is not possible the bowel will be diverted to open on the surface of the tummy. This is known as a 'colostomy' or 'stoma' and allows the faeces (stools) to be collected in a bag attached to your tummy which can be removed and emptied. If this procedure is being planned in your case then you will be given additional information about it.

If this procedure is necessary the laparoscopic approach will be converted to an open laparotomy (surgical incision to the abdomen). With a laparoscopic hysterectomy most patients do not need this type of surgery.

Are there any alternatives to this operation?

Yes, but they vary from patient to patient. The team will discuss the options available to you.

What about losing my fertility?

At any age having to have your womb and/or ovaries removed can affect the way you feel about yourself. A hysterectomy will prevent you from having children in future. The loss of fertility can have a huge impact if you have not started or completed your family and you have an operation that takes that choice away. You may want to make sure you have explored all your options. It is important to have the opportunity to discuss this and how you feel about it with the your CNS before your operation, who will continue to offer you support during your recovery. Advice is also available from specialist fertility teams and your CNS can arrange for you to speak to these.

Will my ovaries continue to produce eggs?

If your operation has not involved removing your ovaries then they will continue to produce eggs. As you have had a hysterectomy, you will not menstruate (have periods) each month and so your body will absorb the eggs harmlessly.

Will I need hormone replacement therapy (HRT)?

If you have had a hysterectomy and your ovaries have been removed and you have not already been through the menopause you may start having menopausal symptoms. These can include hot flushes, dry skin, and dryness of the vagina, feeling low and anxious and being less interested in sex for a time. Many of these symptoms can be eased by hormone replacement therapy (HRT). HRT is available in many forms – as implants, patches, tablets, gels, sprays and vaginal creams. Not all patients can have hormone replacement therapy and your doctor will discuss your options with you. There are alternative ways of managing the potential symptoms. Please discuss the options available to you with your CNS.

Is there anything I should do to prepare for the operation?

Yes, make sure that all your questions have been answered to your satisfaction and that you fully understand what is going to happen to you. You are more than welcome to visit the hospital before you are admitted. Your CNS can arrange this for you.

If you smoke, it would benefit you greatly to stop smoking or cut down before you have your operation. This will reduce the risk of chest troubles, as smoking makes your lungs sensitive to the anaesthetic.

You should also eat a well balanced diet and if you feel well enough, take some gentle exercise before your operation, as this will also help your recovery afterwards. Your GP, the practice nurse at his/her surgery or the doctors and nurses at the hospital will be able to give you further advice about this.

Before you come into hospital for your operation, try to organise things for when you get home. If you have a freezer, stock it with easy to prepare food. Arrange for relatives and friends to do your heavy work (such as changing your bed sheets, vacuuming and gardening) and to look after your children, if necessary. You may wish to discuss this further with your CNS.

If you have any concerns about your finances whilst you are recovering from your operation, you may wish to discuss this with the Gynaecological Cancer Nurse Specialist. You can do this either before you come into hospital or whilst you are recovering on the ward.

What tests will I need before my operation?

You will be asked to attend the pre-admission clinic about one or two weeks before your operation. Tests will be arranged to ensure you are physically fit for surgery. Recordings of your heart (ECG) may be taken as well as a chest X-ray. You could also have an MRI scan. A blood sample will also be taken to check that you do not have anaemia. The nurses on the ward will take some details and ask some questions about your general health.

Your temperature, pulse, blood pressure, breathing rate, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work.

The nurses will explain to you about the post-operative care following your operation. You will have the opportunity to ask any questions that you or your family may have. It may help to write them down before you come to the clinic.

When will I come in for my operation?

You will be admitted the day before, or the day of your operation. You will be asked to ring the ward on the morning of your admission. The ward clerk or the nurse will give you a time to come into the ward. On your arrival the ward clerk or one of the nurses will greet you and show you to your bed.

You will meet the ward nurses and doctors involved in your care. If you have not signed a consent form in the clinic, you will be asked to sign a consent form on admission to confirm that you understand and agree to the operation. The anaesthetist will visit you to discuss the anaesthetic and to decide whether you will have a 'pre-med' (tablet to relax you) before you go to the operating theatre.

You will not be allowed to have anything to eat or drink (including chewing gum or sweets) for at least 6 hours before your operation. If you are on any medication, you may need to take your tablets in the morning with a little water. The nurses on the ward will tell you which medication you need to take.

What will happen the day of the operation?

Before going to the operating theatre, you will be asked to take a bath or shower and change into a theatre gown. All make-up, nail varnish, jewellery (except wedding rings which can be taped over), contact lenses, wigs and scarves must be removed.

What will happen after the operation?

One of the nurses will collect you from recovery (where you wake up after your surgery) and escort you back to the ward.

When you return from theatre please tell us if you are in pain or feel sick. We have tablets/injections that we can give you to relieve these symptoms as and when required. Above all, we want you to remain comfortable and pain free. You may have a device that you use to control your pain yourself. This is known as a PCA (patient controlled analgesia) and how to use it will be explained to you.

You may still be very sleepy and be given oxygen through a clear mask to help you breathe comfortably immediately after your operation. To allow your abdomen (tummy) to recover from surgery,

and while you are nil by mouth, a drip will be attached to your arm or hand to give you fluids and prevent dehydration. This will remain in until you are eating and drinking well.

You will have four very small wounds that will be covered with dressings. These will be removed two days after your operation and the wounds left exposed. You will be asked to take a shower to help keep your wound clean. Avoid highly scented soaps and do not rub the wound area. When drying pat the area dry and avoid rubbing the wounds. Your wounds will be looked at daily to ensure they are healing. The stitches are dissolvable and will dissolve as the wound heals.

A catheter (tube) will be inserted into your bladder in theatre to drain urine away. As the bladder is positioned close to the cervix, uterus and vagina, where the surgery has taken place, the catheter will allow the area to recover and heal. The catheter will need to stay in for approximately one to two days. When the catheter is removed, the nurses will monitor how much urine you are passing to ensure you are emptying your bladder properly.

You may also have trouble opening your bowels as it takes a few days before they start to work properly. You may have discomfort due to the build up of wind for the first few weeks following surgery. This is temporary and we can give laxatives if needed and hot peppermint water to help relieve wind pain.

You may have some vaginal bleeding for the first few days following surgery. The bleeding normally turns to a red/brownish discharge before disappearing after a few days to a few weeks.

When can I go home?

You will be in hospital between 1 to 3 days, depending on your individual recovery, how you feel physically and emotionally, and the support available at home. This will be discussed with you before you have your operation and again whilst you are recovering.

When can I get back to normal?

It is usual to continue to feel tired when you go home. It can take up to four weeks to fully recover from this operation. However, your

energy levels and what you feel able to do will usually increase with time. For the first 4 weeks avoid lifting or carrying anything heavy (including children and shopping).

When can I return to work?

If you work then this will depend on the type of work that you do, how well you are recovering and how you feel physically and emotionally. Any job requiring heavy lifting may take a bit longer to return to, but you are the best judge as to how you feel.

Most women need approximately 4-6 weeks away from work to recover fully before returning to work or their usual routine. However, this will depend upon your recovery, and you can discuss it further with your doctor, specialist nurse or GP.

When can I start driving again?

We advise you not to drive for at least 4 weeks after your operation or until you have had your check up at the hospital. You can normally resume driving when you can stamp your feet hard on the ground without causing any pain or discomfort, as this movement is required in an emergency stop. Most important of all is that you should feel comfortable during driving and not distracted by the pain during the manoeuvres. It is advisable to check the details of your car insurance policy, as some contain clauses about driving following an operation.

What about exercise?

It is important to continue to do the exercises that you are advised to do in hospital for at least 6 weeks after your operation. Ideally, you should carry on doing them for the rest of your life, particularly the pelvic floor exercises. Avoid all aerobic exercise, jogging and swimming until advised. The physiotherapist or your CNS will be happy to give advice on your individual needs.

When can I have sex?

You may resume sexual activity when you feel fit and able to do so but it is advisable to give your stitches time to heal (usually about 6 weeks).

Many women find it reassuring to know that following a laparoscopic hysterectomy there should be little change to their sexual response

as the vagina is essentially unaltered. If an orgasm is a normal experience for you during sexual activity then this should continue.

During this time, it may feel important for you and your partner to maintain intimacy, despite refraining from sexual intercourse. However, some couples are both physically and emotionally ready to resume having sex much sooner and this can feel like a positive step. If you have any individual worries or concerns, please discuss them with your CNS.

It can be a worrying time for your partner. He or she should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

If you do not have a partner at the moment, you may have concerns either now or in the future about starting a relationship after having a laparoscopic hysterectomy.

Please do not hesitate to contact your CNS if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Will I need to visit the hospital again after my operation?

Yes, it is very important that you attend any further appointments arranged either at City Hospital or back at the hospital, which referred you for treatment. If the histology (tissue analysis) is not available before you are discharged home, an early appointment for the outpatients clinic will be made to discuss the results and your treatment plan, if further treatment is necessary. You will have an appointment six weeks after your operation to assess your progress. Further appointment and treatment after this will be determined by the results of your surgery.

Do I need to have cervical smears?

Before you are discharged the doctor or nurse specialist will let you know if this applies to you.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your

surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatients appointments.

Glossary of medical terms used in this information:

Anaemia: a condition in which the blood is lacking in red blood cells.

Catheter: a flexible tube used to drain fluid from the bladder.

Cervix: the narrow outer end of the uterus or womb.

Chemotherapy: the treatment of cancer with drugs.

ECG: also known as an electrocardiogram is a test which measures the electrical activity of the heart.

Epidural: a pain relieving injection into the spinal column.

Fallopian tubes: one of a pair of long, slender tubes that transport eggs released from the ovary to the womb.

Histology: the study of cells and tissues on a microscopic level.

Lymph nodes: hundreds of small oval bodies that contain lymph. These act as a first line of defence against infections.

Ovary: one of two small oval bodies in which eggs and hormones are developed.

Physiotherapist: a therapist who treats injury or dysfunction with exercises and other physical treatments.

Radiotherapy: X-ray treatment that uses high energy rays to damage or kill cancer cells.

Uterus: Also known as the womb. A hollow muscular organ in the female pelvis, in which a fertilised egg develops into an embryo.

Local sources of further information

You can visit any of the health/cancer information centres listed below:

Birmingham Women's NHS Foundation Trust

Health Information Centre
Birmingham Women's Healthcare NHS Foundation Trust
Metchley Park Road
Edgbaston
Birmingham B15 2TG
Telephone: 0121 627 2608

Heart of England NHS Foundation Trust

Health Information Centre
Birmingham Heartlands Hospital
Bordesley Green
Birmingham B9 5SS
Telephone: 0121 424 2280

Cancer Information and Support Centre
Good Hope Hospital
Rectory Road
Sutton Coldfield B75 7RR
Telephone: 0121 424 9486

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre
Sandwell General Hospital (Main Reception)
Lyndon
West Bromwich B71 4HJ
Telephone: 0121 507 3792
Fax: 0121 507 3816

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
Queen Elizabeth Hospital
Edgbaston
Birmingham B15 2TH
Telephone: 0121 697 8417

Walsall Primary Care Trust
Cancer Information & Support Services
Challenge Building
Hatherton Street
Walsall WS1 1YB
Freephone: 0800 783 9050

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website:
<http://www.birminghamcancer.nhs.uk>.

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, Patients and Carers from the following Trusts:

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