

University College Hospital

Laparoscopic hysterectomy

Gynaecological Oncology Department



If you need a large print, audio, braille, easy read, age-friendly or translated copy of this booklet, please contact the patient information team at uclh.patientinformation@nhs.net. We will do our best to meet your needs.

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About this leaflet

This leaflet answers some of the questions you may have about having a laparoscopic hysterectomy. It explains the benefits, risks and alternatives of the operation as well as what you can expect when you come to hospital.

If you have any further questions, please speak to your doctor or clinical nurse specialist (CNS).

What is a laparoscopic hysterectomy?

Laparoscopic hysterectomy is an operation to remove your womb (uterus) and cervix.

Laparoscopic surgery is also called **keyhole** surgery. This means that your surgeon can perform the operation through three or four small incisions (cuts) in your abdomen (tummy), without having to make a large incision in the skin.

Sometimes your ovaries and fallopian tubes may also need to be removed during the laparoscopic hysterectomy. Your gynaecology doctor will discuss this with you in detail.

Why do I need a laparoscopic hysterectomy?

A hysterectomy is one of the main treatments for cancers of the ovaries, womb, cervix and fallopian tubes.

A hysterectomy can also be used:

- in women with vaginal cancer if their cancer has spread
- to treat changes in the cells of the cervix that are not cancerous but may develop into cancer.

What are the risks of having a laparoscopic hysterectomy?

All treatments and procedures have risks. We have listed the most common complications of a laparoscopic hysterectomy below. Your doctor or CNS will talk to you about the risks specific to you in detail.

Risks include:

- severe allergic reaction to the anaesthetic
- wound infection or delayed healing
- urine infection, difficulty urinating or urinating more often
- bruising around the incisions
- haemorrhage (internal bleeding)
- deep vein thrombosis or DVT (blood clot in a vein in the leg)
- pulmonary embolism (blood clot in the lung)
- damage to the bladder and/or ureter (the tube that runs from the kidney to the bladder)
- damage to the bowel
- having to complete the procedure as open surgery (laparotomy).

Are there any alternatives?

There may be alternative treatments available. Please ask your gynaecology doctor.

What will happen if I choose not to have the operation?

This will depend on your individual circumstances – your doctor will advise you.

How should I prepare for a laparoscopic hysterectomy?

Before surgery

You will have a pre-operative assessment appointment to make sure you are fit for surgery. This will involve some routine tests, such as blood tests and an ECG (recording of your heart).

The pre-assessment nurse will explain when you need to fast (not have anything to eat or drink) before the operation. They will also advise you which medicines you can take on the day of the surgery so please bring a list of all your regular medicines to the appointment.

Smoking

If you need support giving up smoking, talk to your GP or visit [nhs.uk/better-health/quit-smoking](https://www.nhs.uk/better-health/quit-smoking)

Fertility

If both your ovaries need to be removed, your fertility will be affected. Please talk to your doctor if this is a concern for you.

Going home

Make a plan for how you will get home from hospital after your surgery. Arrange for relatives or friends to support you with any household chores. If this is a problem, please talk to your CNS or ward nurse. You may need a social services assessment to see if you qualify for any support.

Time off work

Arrange to have some time off work. Most women feel able to return to their normal activities two weeks after surgery, but you may need longer before returning to strenuous activity. Talk to your gynaecology doctor or ward staff if you need a sick certificate.

Asking for your consent (permission)

We want to involve you in all the decisions about your care and treatment. The team looking after you will answer any questions you may have so please ask if anything is unclear. If you decide to go ahead with the operation, we will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves.

What happens during a laparoscopic hysterectomy?

A laparoscopic hysterectomy is carried out under general anaesthetic. This means you will be asleep throughout the whole procedure and will not feel any pain.

Once you are asleep, a small tube (catheter) will be passed into your bladder and urine drained into a collection bag.

A surgeon will make a small cut in the belly button and your abdomen will be filled with gas. This will help the surgeon to see more clearly inside your abdomen once a narrow telescope called a laparoscope has been put in.

Your surgeon will also make two or three more small cuts in your abdomen for other surgical instruments.

A total laparoscopic hysterectomy (often shortened to TLH) involves removing the womb and cervix. If the fallopian tubes and ovaries are removed as well, this is called a bilateral salpingo-oophorectomy (or BSO).

The surgeon will use the laparoscope in the early steps of the hysterectomy, and the womb and cervix will finally be removed through the vagina. They will use glue or dissolvable sutures (stitches) to close the incisions and cover the wounds with simple dressings. The upper vagina will be closed with dissolvable stitches.

Image 1: Pelvic organs, side view

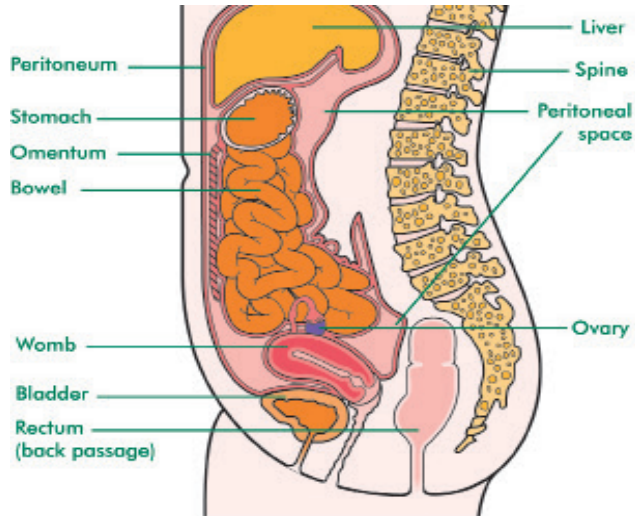


Image courtesy of Macmillan Cancer Support

Image 2: Laparoscopic surgery

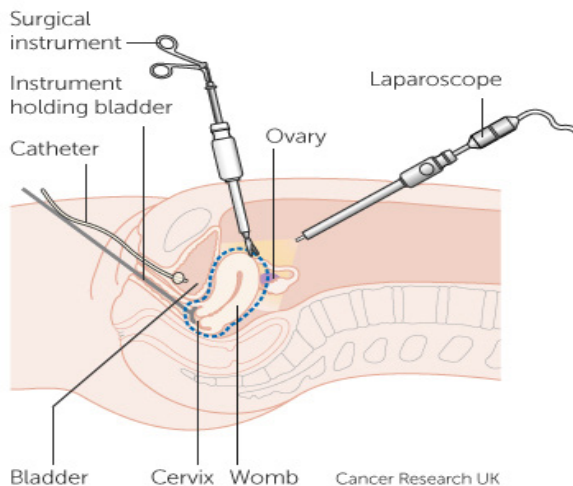


Image courtesy of Cancer Research UK

What happens after a laparoscopic hysterectomy?

The average stay in hospital following a laparoscopic hysterectomy is one night.

When you get back to the ward, your nurse will monitor you closely and check your blood pressure, pulse, breathing and temperature. They will also examine your wounds and check for any vaginal bleeding.

You will be encouraged to start moving about as soon as possible. This will include gentle leg and breathing exercises which can help with circulation and prevent you from getting a chest infection.

You may feel nauseous (sick or like you need to vomit) after surgery. This is a common side effect of having a general anaesthetic. Please tell your nurse if you feel nauseous as they can give you anti-sickness medicine to help with this.

You will have been given support stockings to wear during your surgery and recovery. It's important that you wear them after your operation because they can help to prevent any blood clots from developing. We will also give you blood-thinning injections while you are in hospital. Occasionally (especially for patients who had an open operation) we recommend the injections for 28 days. If this applies to you, your ward nurse will teach you how to do the injections yourself.

You may have an intravenous drip to give you fluids directly into a vein until you are able to eat and drink normally. The urinary catheter will be removed the morning after surgery.

Your gynaecology doctor will see you on the ward the day after your surgery. They will assess your recovery and talk to you about when you can go home.

What side effects should I expect?

Pain

It is common to have some discomfort in your tummy for a few days after your surgery.

Some patients also experience shoulder tip pain (pain where your shoulder ends and your arm begins). This is due to the gas that was used in your abdomen during the operation pressing on the nerve pathway to your shoulder. The shoulder tip pain usually lasts 48 to 72 hours (two to three days). We will give you painkillers but if you are still in pain it is important that you tell your ward nurse.

Constipation

You may have some difficulty opening your bowels (pooing) for the first few days after the operation. This will be temporary and we can prescribe laxatives if you need them.

Bleeding

You may have some light vaginal bleeding or discharge after surgery. This may last up to six weeks and it may be like a light period (red or brown in colour).

Menopausal symptoms

If both your ovaries have been removed, you may experience some menopausal symptoms, including hot flushes and night sweats. These can vary in severity and frequency. Depending on your diagnosis, it may be appropriate for you to take HRT (hormone replacement therapy). If you cannot have HRT, your gynaecology doctor or CNS will discuss any alternatives with you.

Fertility

Your fertility will be affected if both your ovaries have been removed. If this is a concern for you, please talk to your doctor before having the operation.

Frequently asked questions

When will I be able to drive?

You can drive again once you are able to do an emergency stop safely and without being in discomfort. You must make sure you are not drowsy from any painkillers you may be taking.

It is important that you tell your insurance company that you have had surgery.

When can I return to work?

This will depend on your type of work, but most women feel able to return to work two to four weeks after surgery. Please talk to your gynaecology doctor or your GP if you need a sick certificate.

When can I fly?

We recommend that you don't fly for four to six weeks after your surgery. Please discuss this with your gynaecology doctor in more detail.

When can I swim?

Avoid swimming or using a hot tub until your wounds have completely healed. Where possible, use a shower instead of having a bath.

When can I have sex?

We advise you not to have sex for six weeks after your surgery. This is to allow your internal wounds to heal. You may also find that you don't feel ready psychologically. Your gynaecology doctor or CNS can talk to you more about this.

Will I have a follow-up appointment?

Yes. You will have a follow-up appointment with your gynaecology doctor about three weeks after your surgery. This is to ensure that you are recovering as expected. We will either arrange this appointment for you before you leave hospital or we will send you your appointment letter in the post. If you don't hear from us, please call your CNS.

We may also offer you an appointment in the End of Treatment Clinic about six to eight weeks after your surgery, if you don't need any further treatment. This appointment will be with your CNS who will assess your recovery and arrange any additional support you may need.

Further information

Cancer Research UK

Helpline: 0808 800 4040

Website: cancerresearchuk.org

Patient Advice and Liaison Service (PALS)

PALS is a patient-friendly, easy-to-access service designed to provide a personal contact point to assist patients, relatives and carers. If you have a problem that you have not been able to resolve, PALS can help you.

The University College Hospital PALS office is located on the ground floor of the main hospital building and is open from 9am to 4pm, Monday to Friday.

Telephone: **020 3447 3042**

Email: [**uclh.PALS@nhs.net**](mailto:uclh.PALS@nhs.net)

Macmillan Support and Information Service

The Macmillan Support and Information Service is based on the ground floor of the University College Hospital Macmillan Cancer Centre. It provides a relaxed and informal space where patients and their families and friends can ask questions and talk through their concerns with specialist staff.

The team offers support at any stage of patient care – from diagnosis, throughout treatment and beyond.

You can access a range of information resources, including leaflets and booklets, and be referred to other services such as:

- complementary therapy
- wig and scarf tying advice
- diet and nutrition advice
- welfare and benefits, and
- psychological care and counselling.

There is also a programme of supportive activities on offer to help you manage the effects of treatment and meet other people who share similar experiences.

You don't need an appointment to visit the Macmillan Support and Information Service and the team will see you as quickly as possible. If you can't visit the service but you need advice or support, call the **support and information helpline** on **020 3447 3816**.

Telephone: **020 3447 8663**

Email: **uclh.supportandinformation@nhs.net**

Website: **uclh.nhs.uk/msis**

Opening hours: 9am to 4.45pm, Monday to Friday

Contact details

Gynaecology Oncology CNSs

Tel: 020 3447 8636 (Monday to Friday, 9am to 4.30pm)

Outside of these hours, please call the ward coordinator.

Ward coordinator

Tel: 07930 263122

Ward T7 South

Tel: 020 3447 7828 or 020 3447 0712

Pre-operative assessment

Tel: 020 3347 2504

Surgical reception

Tel: 020 3447 3184 or 07939 135323

How to find us

University College Hospital

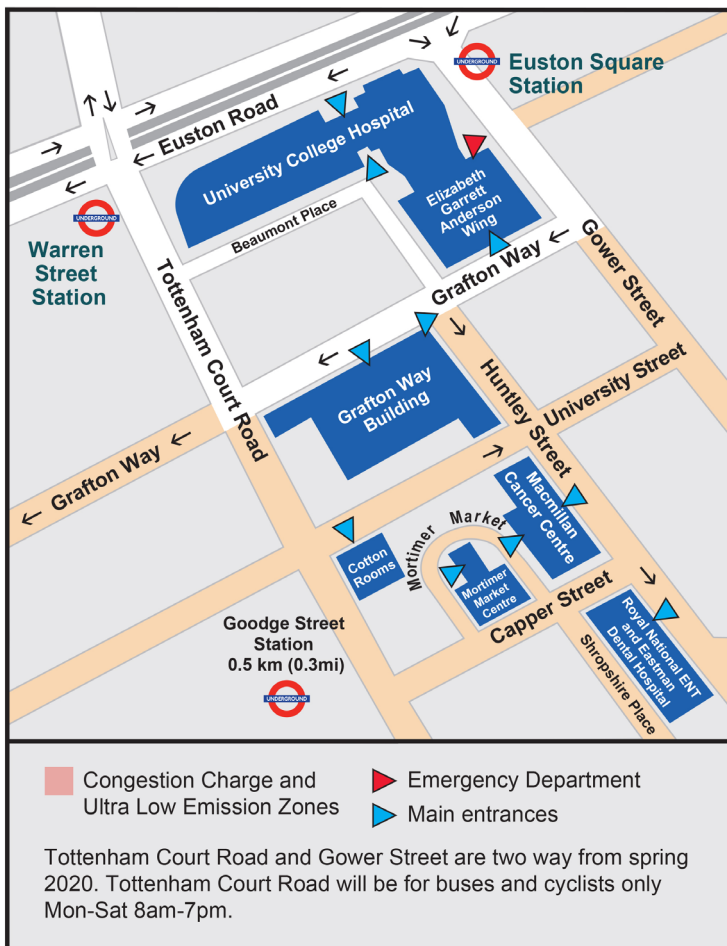
235 Euston Road, London NW1 2BU

University College Hospital Macmillan Cancer Centre

Huntley street, London WC1E 6AG

Switchboard: **020 3456 7890**

Website: uclh.nhs.uk



Space for notes and questions

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delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving