

Patient information

Total Laparoscopic Hysterectomy

What is Total Laparoscopic Hysterectomy (TLH)

- This is an operation which removes the uterus using key-hole surgery. The uterus is delivered through the vagina, which is then stitched using key-hole techniques.
- Generally it has been found that TLH reduces the length of stay in hospital and post-operative complications compared to open techniques.
- The tubes and ovaries may be removed at the same time depending on the indication for surgery (salpingo-oophorectomy).
- The decision to carry out laparoscopic surgery will be discussed with your gynaecologist. It is not suitable for everyone and a number of factors need to be taken into account. These include your general health, previous surgery, the size of the uterus and the personal practice of the gynaecologist.

Before your operation

- Once your operation has been agreed with your gynaecologist you will usually be asked to attend the pre-admission clinic on the same day.
- You will then have a further appointment with a nurse nearer the date of your operation to arrange your admission.
- You will usually come into hospital on the day of your operation and expect to stay in for 1-2 days.

After your operation

- **Anaesthetic and pain relief:** TLH is carried out under general anaesthetic, sometimes with a spinal anaesthetic in addition. During the first 24 hours you

may feel more tired and sleepy than usual. Pain relief may be given through a drip to start with, followed by tablets- usually paracetamol and codeine or anti-inflammatory tablets are sufficient if taken regularly. You can expect some pain and discomfort in the lower abdomen for a few days and you may also notice some pain referred to the shoulder blades from trapped gas. You will be given pain killers when discharged from hospital. Walking about helps shift trapped wind and reduces the risk of blood clots.

- **Drip, drain, catheter:** On return from theatre you will have a drip in your arm to give you fluids and a catheter to rest the bladder. These are usually removed the following day. Sometimes a drain is left in the wound overnight.
- **Scars and stitches:** You will have 3-4 small cuts on your abdomen 5-10mm long. There will also be a row of stitching across the top of the vagina, out of sight. Stitches left in the wound dissolve on their own. The abdominal wounds will be covered by a dressing, which can be removed after 24 hours. After that keep wounds clean and dry.
- **Eating and drinking:** The nurses will advise you when it is reasonable to eat and drink. Drinking water should be possible soon after you wake up.
- **Washing:** You should be able to have a shower or bath after 24 hours. Pat your wounds dry and let the air get to them.
- **Vaginal bleeding:** You can expect some vaginal bleeding for 1-2 weeks after your operation similar to a light period. Use pads rather than tampons.

What can help recovery?

- **Rest:** Relax and rest as much as you want to start with but try not to remain in bed. You will be able to do light activities around the house within a few days. Unlike with open surgery you are not at risk of hurting yourself from straining.
- **Food:** It is advisable to eat a healthy, balanced diet to provide the nutrients needed to aid recovery. A high fibre diet with lots of fruit and vegetables and 2 litres of fluid per day will help keep your bowels working.
- **Bowels:** It is common to develop a tendency to constipation after an operation- this can be helped with a mild laxative.
- **Move your legs:** Doing leg exercises and staying mobile reduces the risk of blood clots.

What can delay recovery?

This can take longer if:

- You have other health problems eg women with diabetes heal more slowly and are more prone to infection.
- You smoke.
- There were any complications from your operation.

What are the possible complications?

You will have the opportunity to discuss any concerns with the doctor doing your operation before signing a consent form. The staff make every effort to minimise risk during your operation, but all operations carry some risk, and complications can occur during or after the procedure. Postoperative complications from TLH are less than open surgery, but might include:

- **Blood loss:** This is generally less than 100ml, but blood loss requiring a blood transfusion may occur in 1% of patients.
- **A collection of blood (haematoma) at the top of the vagina:** most patients do not require treatment, although antibiotics are sometimes given. Rarely, collections require drainage. When you go home blood loss should be light, like the end of a period. If it becomes heavy or smelly please contact either the hospital or your GP.
- **Infection:** Surgery is covered by antibiotics, but up to 10% of patients require antibiotics afterwards for infection in the chest, urine, scars or pelvis.
- **Blood clots in the legs (thrombosis):** The risk is small (<1%) and steps are taken to reduce the risk with compression stockings and blood-thinning injections during your admission.
- **Damage to bladder, ureter or bowel** is a rare complication (1:1000) but up to 15% of these cases are not recognised at the time of surgery and may require additional surgery.

Getting back to normal

- **Work:** Returning to work depends on your personal circumstances and type of work. It is normal to feel more tired than usual, but generally women feel able to

return to work after 4-6 weeks- sooner than with open surgery. Some employers offer a phased return and you may wish to discuss this with your employer or GP.

- **Driving:** In general it can take 2-4 weeks before you can drive. You should be free from any sedative effects of pain-killers and able to handle the controls comfortably. You should be able to safely carry out an emergency stop. Please check with your insurance company to confirm the details of your policy.
- **Sex:** You should allow 4-6 weeks for your scars to heal before it is safe to have sex. If you experience discomfort or dryness you may wish to use a vaginal lubricant.
- **HRT:** If your ovaries have been removed you may be offered HRT. This will be discussed with your gynaecologist.
- **Follow up:** You will normally be reviewed in the gynaecology clinic after six weeks, and further follow up may be offered depending on your reasons for TLH. As the cervix is removed at TLH cervical smears are no longer required unless there is an abnormality of the cervix. Your gynaecologist will advise about this.

When to seek further help

- **Burning or stinging when passing urine:** This may be due to infection. Drink plenty of fluid, and if things do not settle promptly take a urine specimen to your GP.
- **A swollen leg, shortness of breath or coughing up blood:** Blood clots in the veins (DVT) can travel to the lungs (pulmonary embolus). If you develop these symptoms you should consult a doctor urgently.
- **Red or painful skin around the scars, or fever, or smelly vaginal discharge:** These can be a sign of infection and may require antibiotics.
- **Increasing abdominal pain:** Although rare, damage to the bowel or bladder could present with increasing pain, a temperature, abdominal distension, loss of appetite or vomiting. These symptoms may require further investigation and re-admission.

If you need further advice or information after discharge from hospital please contact:

- The gynaecology nurse 01284 713601

- The gynaecology ward (F10) 01284 713236

Other useful links

RCOG: <http://www.rcog.org.uk/information-for-you-after-a-laparoscopic-hysterectomy>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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