

Laparoscopic Sub total Hysterectomy

What is a laparoscopic Sub total hysterectomy?

It is the removal of the womb excluding the cervix by laparoscopic (keyhole) surgery

The benefits of Sub total laparoscopic hysterectomy (keyhole surgery) are:

- Shorter hospital stay (<24 hours).
- Faster recovery back to normal than a total hysterectomy (2 – 3 weeks).
- Less blood loss during the operation.
- Less wound infection and breakdown.
- Minimal scarring

How is laparoscopic Sub total hysterectomy done?

It is performed through a few small (0.5 – 1 cm long) cuts in your abdomen. A laparoscope is inserted through one of these cuts to allow the surgeon to see the pelvic organs. Other surgical instruments are used to perform the surgery through the other tiny cuts. Your Uterus is then separated from your cervix and removed through a small cut in your tummy. Your tubes will also be removed at the time of hysterectomy. Occasionally in case of technical difficulty or major complications, the procedure is converted to open surgery when you will have a bigger cut to fix any complications and complete the procedure. Sometimes your cervix may also have to be removed if there is a complication or difficulty.

What are the different ways hysterectomy can be performed?

A hysterectomy can be done in different ways: through the vagina (vaginal hysterectomy), through the abdomen (abdominal hysterectomy), or with laparoscopy (laparoscopic hysterectomy). The latter can be a Total Laparoscopic Hysterectomy (TLH), VNOTES Hysterectomy, Laparoscopic Subtotal Hysterectomy (LASH) or Laparoscopic Assisted Vaginal Hysterectomy (LAVH).

Your doctor will discuss with you if the above options are suitable for you. Please refer to the relevant patient information leaflet

Will my tubes and ovaries be removed at the same time?

Ovaries: This will depend mainly on the reason you are having your operation and, on your preferences, once issues around removing or leaving the ovaries are discussed with you by the surgeon. Please ask for detailed discussion before your operation as this is a very personal decision unless hysterectomy is performed for cancers of the womb, tubes or ovaries.

Tubes: For any hysterectomy; due to strong evidence that most aggressive ovarian cancers start in the fallopian tubes, both tubes are removed opportunistically to reduce the risk of developing ovarian cancer later in life.

In the case of performing hysterectomy for possible or confirmed cancer of the lining of the womb or tubes or ovaries, both ovaries and tubes are removed during the hysterectomy.

What are the possible associated complications?

Risks from anaesthesia – a separate information leaflet is available about anaesthesia.

Your anaesthetist will also be able to answer any questions you may have before the operation.

Injury to bowel/bladder/ureter/major blood vessels – the overall risk of serious complications is less than 1% (uncommon).

If necessary, the operation will be converted to a 'laparotomy' (i.e. a larger incision will be made on your abdomen, side to side or up and down) to repair any injury caused. You

may need to have a blood transfusion if there was a significant blood loss. Your hospital stay may be prolonged if these complications occur. Some injuries do not become apparent until days or even weeks after the operation and may require repeat surgery.

Infection - serious infections of the pelvis are rare. Minor infections of the wound sites or bladder (cystitis) may occur and will usually respond to a course of antibiotics that you can obtain from your GP.

Deep venous thrombosis and pulmonary embolus – this is the formation of clots within your leg veins, which can become dislodged, and travel to your lungs. Although potentially extremely serious, it is not common, and you will be given stockings and blood-thinning injections to help prevent clots forming.

Failure to be able to remove the womb via the laparoscope – this occasionally happens due to adhesions or the size/position of your womb.

When will I go home after the operation?

You will usually be able to go home on the day following your operation

When should I seek medical advice after a Sub total laparoscopic hysterectomy?

If you experience increasing abdominal pain, distension, high temperature (fever), loss of appetite, nausea or vomiting, this may be caused by damage to your bowel or bladder.

If you develop a painful, red, swollen leg, shortness of breath, chest pain or start coughing up blood, this may be a sign of a clot in the leg or lung.

If you have severe vaginal bleeding, more than a period with passage of blood clots.

In all such cases you will need to be admitted to the hospital urgently.

What about the stitches?

You will have between three and four small cuts (0.5 – 1cm each) on different parts of your abdomen. You should be able to have a shower or wash 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.

When can I go back to work?

People vary in how quickly they recover after surgery. Depending on your job you may be able to return to work 2-4 weeks after the operation if you feel well. If your job involves a lot of heavy lifting, you may require longer off work

When can I drive?

Usually, you will be able to drive 10 days – 2 weeks after the operation if you feel comfortable doing so. We recommend short distances initially, gradually building up to longer journeys. We advise that you check with your insurance company regarding any restrictions.

When can I have sexual intercourse?

It is advisable to abstain from sexual intercourse for 4 weeks to allow proper healing.

Will I need to have cervical smears in the future?

You need to have regular cervical smears because your cervix is still present post-hysterectomy.

Will I need hormone replacement therapy?

If your ovaries have been removed during your hysterectomy you may be offered HRT. You can find more information here: Patient