

Dear

Please read the information below about a possible treatment option we have proposed for you ('Keyhole' hysterectomy).

Thank you

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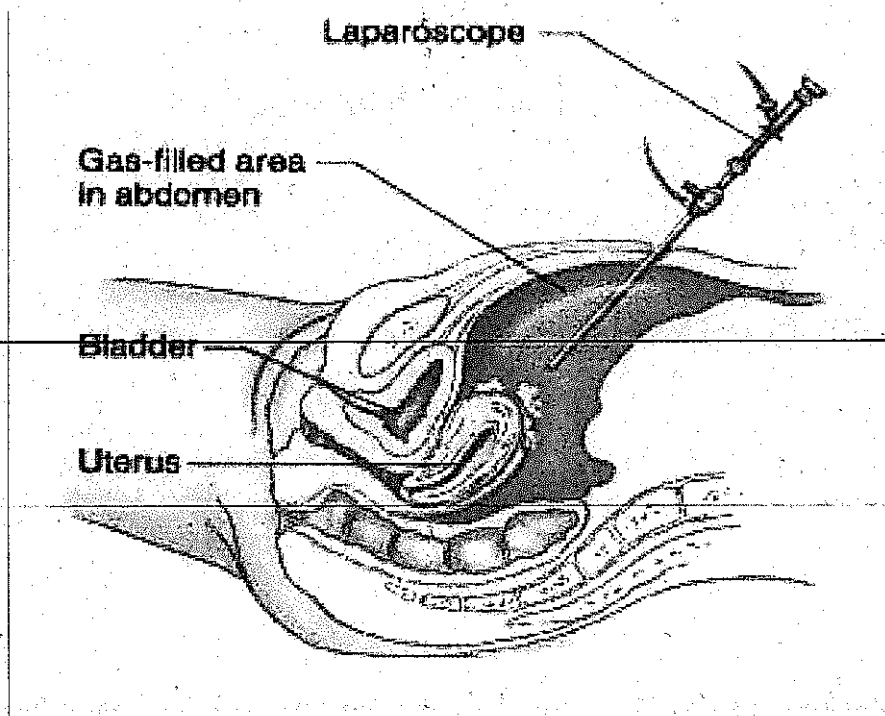
Laparoscopic (Key hole) Hysterectomy (LH) +/- robotically assisted (RALH)

What is a Laparoscopic Hysterectomy (LH / RALH)?

Laparoscopic hysterectomy is removal of the uterus (womb) using key-hole surgery through tiny cuts in your abdomen (Minimal Access Surgery) approximately 4 x 8mm at and adjacent to the belly button

There are several different types of hysterectomy including:

- Total (removing neck of womb) or subtotal hysterectomy (leaving the neck of the womb)
- Removal of one or both of your ovaries and fallopian tubes (salpingo-oophorectomy);



Why might I be offered Laparoscopic Hysterectomy?

- Painful periods
- Heavy or irregular periods, not responding to the progesterone-releasing coil (Mirena) or treatment to the lining of your womb (Endometrial Ablation)
- Endometriosis not responding to other treatment
- Fibroids
- Suspected or proven cancer of the uterus

The benefits of Laparoscopic Hysterectomy (keyhole surgery) are:

Shorter hospital stay (24 hours)

- Faster recovery back to normal (2-3 weeks)
- Less blood loss during the operation
- Less wound infection and breakdown
- Minimal scarring

Are there alternative options for hysterectomy ?

Abdominal hysterectomy - Performed through a larger cut in your abdomen.(longer recovery).

Vaginal hysterectomy – Performed without any cut in your abdomen and the womb is removed through the vagina (can't treat endometriosis as not seen through vagina).

What should I do 3-4 days before the operation?

Many women suffer from constipation after surgery. We advise that you have the enhanced recovery programme and bowel preparation protocol (given to you by the preoperative assessment team a week or two before your operation).

How long does the operation take?

The operation usually takes about 2 to 3 hours.

- Anaesthetic and pain relief
The operation is performed under a general anaesthetic i.e. you will be put to sleep. During the first 24 hours you may feel more tired and sleepy than usual. You will be given painkillers, which you will also be able to take home.
- Abdominal and shoulder pain
You may have some pain in your shoulder. This is a common side effect of laparoscopic surgery. You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you will be provided with painkillers, take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose.
- Hospital stay
In most instances you will be admitted to hospital on the day of your operation. Most patients are discharged within 24 hours after surgery. However, a longer stay is occasionally required.
- Vaginal bleeding
You can expect to have some vaginal bleeding for 1 to 2 weeks after your operation. This is similar to a light period and is red or brown in colour. Some women have little or no bleeding initially and have a sudden gush of old blood or fluid about 7-10 days later. This usually stops quickly. You should only use sanitary towels, not tampons, as using tampons could increase the risk of infection.
- Stop smoking (if you do)
This will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking, even if it is just while you are recovering, will bring immediate benefits to your health

Will I need hormone replacement therapy (HRT)?

If your ovaries have been removed during your operation we may offer you HRT.

What are the associated complications?

All operations carry some degree of risk and complications.

Heavy bleeding (haemorrhage) at the time of surgery is rare. However, blood loss requiring a blood transfusion occurs in 1-3% of patients.

A collection of blood (haematoma) at the top of the vagina may occur. Most patients do not require treatment, although antibiotics are needed. Very rarely these collections of blood require surgical drainage. When you are at home after the operation the loss should be light, like the end of a period, and getting less and less each day. If it becomes very heavy or smelly, please contact either the hospital or your GP.

Vault dehiscence & prolapse (break in suture line at the top of the vagina) - 1-2%. We

advise no intercourse until at least 6 weeks post operatively / until post operative checkup.

Infection – Surgery is covered by antibiotics, but infection may occur in up to 10% of patients. Infection can occur in the chest, urine, scars or pelvis and are usually easily treated with antibiotics.

Blood clots in the legs and lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as use of compression stockings and blood thinning injections. By staying active and well hydrated, you can further reduce the risk of clots. You may be advised to continue with the blood thinning injections even after discharge from the hospital.

Rarely during the operation, damage to other structures like bowel (2%), bladder (1%), ureters (1%), blood vessels and nerves (less than 1%) may occur which may make additional surgery necessary. This may require opening up your tummy (laparotomy)

Return to theatre because of bleeding or other complications (less than 1%)

Conversion to open surgery (1 – 5%)

When should I seek medical help-advice?

- Red and painful skin around your scars:
 - This may be caused by a wound infection. Treatment is with a course of antibiotics.
- Burning and stinging when you pass urine or pass urine frequently
 - This may be due to a urine infection. Take a urine sample and contact your GP. If a urine infection is detected this is easily treated with a course of antibiotics.
- Heavy or smelly vaginal bleeding:
 - This may be because of an infection or a small collection of blood at the top of the vagina. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered by a drip. Rarely, the bleeding may need to be drained under anaesthesia.
- A swollen leg, shortness of breath or chest pain
 - 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. When you experience shortness of breath or chest pain you need to come to the hospital
- Increasing abdominal pain: If you have increasing pain along with a temperature (fever), loss of appetite or vomiting, this may be because of damage to your bowel or bladder, in which case you need to come to the hospital

You can find more information here:

1. Patient information Leaflet – RCOG website

<http://www.rcog.org.uk/files/rcog-corp/LaparoscopicHysterectomyRecoveringWell0710.pdf>

2. Laparoscopic techniques for hysterectomy;

<https://www.nice.org.uk/guidance/ipg239/resources/laparoscopic-techniques-for-hysterectomy-pdf-1899865344377797>

3. Robotic techniques for hysterectomy;

<https://www.davincisurgery.com/procedures/gynecology-surgery/hysterectomy>

